

**Indiana FY 2014
Preventive Health and Health Services
Block Grant**

Annual Report

**Annual Report for Fiscal Year 2014
Submitted by: Indiana
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Executive Summary

This is Indiana's application for the Preventive Health and Human Services (PHHSBG) for Federal Fiscal Year 2014. The PHHSBG is administered by the United States Department of Health and Human Services through its administrative agency, the Centers for Disease Control and Prevention (CDC) in accordance with the Public Health Service Act, Sections 1901-1907, as amended in October, 1992 and Section 1910A as amended in October 1996. The Indiana State Department of Health is designated as the principal state agency for the allocation and administration of the PHHSBG within the State of Indiana.

Funding Assumptions

The total award for the FFY 14 PHHSBG is \$2,584,131. This amount is based upon the final allocation table distributed for FFY 14 by CDC.

Prioritization

The prioritization for funding included utilizing the Indiana State Department of Health agency strategic plan. The first priority within the plan includes reducing the burden of disease. Cardiovascular health is one of the biggest factors for premature death in Indiana. This program also is severely underfunded. TB is also a funding stream that has been reduced over time, yet the burden of the disease in Indiana is still impacting overall health status of Indiana residents. Injury prevention and foodborn illnesses is also another issues facing the US as a whole. Having a quality tracking system for both programs is essential.

Another strategic priority is quality for ISDH is increasing the capacity for workforce development and having trained public health professionals. ISDH is achieving this through quality improvement training, providing training opportunities to both internal and external stakeholders, and through the implementation of a new learning management system.

Proposed Allocation for FY 2014

PHHS Block Grant dollars are allocated to those health areas that have no other source of state or federal funds, or, wherein combined, state and federal funds are insufficient to address the extent of the public health problem. FFY 2014 funding priorities are as follows:

The Indiana State Department of Health (ISDH) – Division of Chronic Disease Prevention and Control (CDPC) seeks to reduce the disparities and overall burden of chronic disease in Indiana. The Section on Cardiovascular Health and Diabetes within CDPC seeks to monitor and reduce cardiovascular health (CVH) and Diabetes (DM) disparities and overall burden in Indiana; the Cancer Section within CDPC seeks to monitor and reduce cancer disparities and overall burden in Indiana; the Chronic Respiratory Disease Section in CDPC seeks to monitor and reduce disparities and overall Indiana burden related to asthma and other chronic respiratory diseases. CDPC also seeks to address disparities and overall burden of all chronic disease in Indiana through both organizational and public policy initiatives, health systems strategies to improve clinical care, convening statewide partners to address chronic disease, and statewide health communications.

The Division of Trauma and Injury Prevention will continue to build upon its infrastructure to make it competitive for future funding opportunities. Primary objectives include The State will conduct injury surveillance by, expanding its data collection and analysis for motor vehicle injuries; exploring the collection of school injury data from school insurers; analyzing data for workforce safety; analyzing home care data for falls in collaboration with other State agencies; and analyzing poison data in collaboration with the Indiana Poison Center.

The Office of Public Health Policy and Performance Management works with a variety of stakeholders within the State Department of Health and external to the agency. Workforce Development will be a priority of the Performance Management Infrastructure section as it plans to offer webinars to local health departments; monthly support calls for public health issues; and the implementation of a new learning

management system to enhance training opportunities to a wider audience while also tracking assessment data to determine impact of trainings. In addition, the updating of www.IndianaIndicators.org will help local health departments, community stakeholders including hospitals, NGOs, and other business partners to access public health data and community profiles to prepare for community health assessments and health improvement plans.

Additional infrastructure work will be the implementation of the CodePal system which is an electronic system for food establishment inspections. Currently 7 local health departments have implemented the system. The TB division will be focusing on electronic monitoring of TB drugs prescribed and DOT, missed doses and held doses. The real time information will allow for increased treatment completion rate.

The Indiana Criminal Justice Institute (ICJI) oversees Indiana's Sexual Assault Services programs. Distribute Sexual Assault Services funds to various sub-grantee organizations throughout the state that provide services aimed at increasing and enhancing prevention, intervention, and treatment programs with the ultimate goal of reducing the prevalence of rape or attempted rape. Priorities will be placed on education programs specifically targeting the young adult and youth populations. The purpose of these programs is to link people to services as part of efforts to reduce the rate of sexual violence among young adults and youth.

Program	Funds
Chronic Disease Prevention & Control	\$742,242
Injury and Violence Prevention	\$261,250
Public Health Performance Infrastructure	\$1,101,752
Sexual Assault Services	\$144,972
Direct Assistance	\$100,000
Administrative Costs	\$233,915

The grant application is prepared under federal guidelines, which require that states use funds for activities directed toward the achievement of the National Health Promotion and Disease Prevention Objectives in Healthy People 2020.

As established by the Public Health Services Act, Section 1905(d), the Indiana PHHSBG Advisory Committee makes recommendations regarding the development and implementation of the State Plan/Application. The Advisory Committee reviewed and approved the programs listed above for funding for FFY 2014.

State Program Title: Chronic Disease, Primary Care and Rural Health

State Program Strategy:

Program Goal: The Indiana State Department of Health (ISDH) – Division of Chronic Disease, Primary Care, and Rural Health (CDPCRH) seeks to reduce the disparities and overall burden of chronic disease in Indiana, and improve the quality of life of those individuals affected by chronic diseases. The Section on Cardiovascular Health and Diabetes within CDPCRH seeks to monitor and improve cardiovascular health (CVH) and Diabetes (DM) outcomes, and implement effective strategies for prevention; the Cancer Section within CDPCRH seeks to monitor and reduce cancer disparities and overall burden in Indiana, and improve prevention and screening behaviors; the Chronic Respiratory Disease Section seeks to monitor and reduce disparities and overall burden related to asthma and other chronic respiratory diseases. The CDPCRH also seeks to address disparities and overall burden of chronic diseases in Indiana through both organizational policies, health systems strategies to improve clinical care, convening of statewide partners to address chronic disease, and statewide health communications. Targets in burden reduction include increasing the percentage of individuals in targeted settings with their asthma, diabetes and hypertension under control to decrease morbidity and mortality associated with these conditions. Efforts to increase primary screenings for breast, cervical and colorectal cancers should reduce colorectal and cervical cancer incidence and mortality associated with these cancers. Additionally, clinical quality improvement activity will serve to reduce dependence on emergency department care for individuals with ambulatory sensitive conditions, specifically asthma, diabetes and hypertension.

Program Priorities:

- Improve surveillance, analysis, and communication of CVH, DM, Cancer, and Asthma indicators and risk factors in Indiana
- Lead coordinated statewide efforts to improve CVH, DM, Cancer, and Asthma outcomes.
- Advance evidence based public health strategies to improve the chronic disease burden in community settings through systems-level change, policy, and health communications.

Primary Strategic Partnership(s):

- Internal: Division of Nutrition and Physical Activity; and Tobacco Prevention and Cessation
- External: Indiana Minority Health Coalition, Indiana Cardiovascular Health and Diabetes Coalition, Indiana Cancer Consortium, Indiana Joint Asthma Coalition, American Heart Association, Indiana Institute on Disability and Community, American Diabetes Association, American Cancer Society, American Lung Association, Indiana Public Health Association, Indiana Primary Health Care Association, and Indiana Rural Health Association.

Role of PHHSBG Funds:

Strengthen state ability to provide statewide data surveillance and analysis related to chronic disease; support strategies to prevent and control high blood pressure and diabetes; convene statewide organizational partners in order to develop collaborative systems and policy initiatives to improve the state's chronic disease burden; assess initiatives related to non-provider health professionals and their role in addressing chronic disease in Indiana; support implementation and evaluation of strategies to address disease prevention and control, medication therapy management, health systems quality improvement, and complex care management; and ensure evaluation methodology utilized by chronic disease public health staff address cost effectiveness of initiatives.

Evaluation Methodology:

CDPCRH follows national evaluation guidelines as put forth by the CDC Framework for Evaluation and individual CDC evaluation guides for state-based chronic disease public health programs. Annual evaluation plans are utilized to monitor processes and impact of division and section initiatives. Additionally, in order to evaluate support provided to local communities for community-wide initiatives, an evaluation plan including process and intermediate outcomes measures will be implemented in collaboration with community partners. These evaluation methods will be operationalized in the following manner:

IO 1. Address health disparities and improve outcomes by preparing workforce: Evaluation will occur via

process and health indicator reporting, in-person learning sessions, process mapping and key-informant interviews. Outcomes and economic data will be collected and assessed. Projects involving complex care management, medication therapy management and non-provider community based interventions are being conducted as pilots so evaluation will focus on identifying best-practices, determining generalizability and portability of processes, and on developing an evaluation protocol for post-pilot implementation, spread and sustainability. Additionally, web-analytics will be used to assess convenience and effectiveness of internet-based resources and learning platforms.

IO 2. Analytic capacity development and expansion: Evaluation will focus on measuring improvements in staff analytic skills, technical capacity and productivity. CDPCRH will work with internal partners (Maternal and Child Health, Tobacco Prevention and Cessation, Women, Infants and Children, and the Epidemiology Resource Center) to develop assessment instruments informed by Council of State and Territorial Epidemiologists and CDC competency standards. Findings will be reported to agency leadership with review by partners with the capacity to support ongoing staff development. Feedback processes will be put in place to act on the findings and further advance staff development. FTE supported through this objective will participate in agency performance evaluation processes.

IO 3. Convene and mobilize state-level stakeholders to address critical health burdens related to chronic disease: Evaluation will be tailored for each stakeholder group and will address process and outcome assessment, as well as effectiveness of partnerships. The division will conduct surveys and key informant interviews with stakeholder organizations to assess reach, scope and effectiveness of activity. Stakeholder activity will be linked to, and performance measures will be based on, HP2020 strategies and objectives. Success stories will be tracked for each organization represented. Monthly conference calls, quarterly progress reports and a formal evaluation summaries will facilitate oversight of the respective groups.

IO 4. Identify health disparities and initiatives to improve outcomes: Evaluation will occur via monthly training and support sessions with participating stakeholders representing community audiences. The development of a health improvement plan for communities with physical, emotional or intellectual disabilities and maintenance of a targeted resource database will be key deliverables. Participating partners will be surveyed on overall process and strategic planning activity. Key informant interviews will guide next steps of activity, including implementation of health improvement plan strategies.

IO 5. Systems change to improve access to quality care and team-based management: Evaluation will occur via monthly process and health indicator reporting, quarterly in-person learning sessions with group reporting segments, process mapping and key-informant interviews. Organizational storyboards and video diaries will be incorporated into evaluation activity. Organizations will present summary findings of activity at a public Outcomes Congress. Evaluation findings will be used to inform ongoing activity with new cohorts of comparable organizations, and spread and sustainability within current participants. Additionally, web-analytics will be used to assess convenience and effectiveness of internet-based resources and learning platforms.

National Health Objective: HDS-1 Cardiovascular Health

State Health Objective(s):

Between 10/2013 and 09/2014, To address Indiana's higher than national levels of chronic conditions and risk factors, CDPCRH will engage in coordinated initiatives to address the burden of cardiovascular disease, diabetes, asthma, and cancer by applying population-level strategies in the primary care settings. The over-arching strategy to achieve positive change will be to engage in quality improvement across multiple sectors, with the safety-net primary care system acting as a central hub for patient engagement and community-clinical linkages. The tactics used to address this will include 1) the coordinated engagement of non-provider health care professionals, including community health workers, community paramedics, and community nursing programs; 2) mobilizing statewide chronic disease partners, including subject matter coalitions; 3) supporting evidence-based clinical quality improvement programs; 4) identifying and developing strategic improvement plans for previously unclassified health disparities; 5) providing technical assistance and support to local communities in population-based chronic disease prevention and control; and 6) enhancing surveillance systems to assess chronic

conditions and risk-factors within the Indiana population. Within the project period, these projects will seek to A) Increase the percentage of individuals in defined settings whose diabetes and hypertension are considered under control based on National Quality Forum indicators, in order to reduce premature and overall mortality due to cardiovascular disease and diabetes. B) Increase percentage of individuals in defined settings who receive screenings for breast, cervical and colo-rectal cancers, in order to reduce the incidence of colorectal and cervical cancers and reduce the mortality from all three. C) Reduce the use of emergency department care for ambulatory sensitive conditions, with special emphasis on hypertension, diabetes and asthma. D) Increase the chronic disease knowledge base of community health workers to facilitate community-clinical linkages to improve the self-management capacity of individuals seeking clinical care in targeted settings. E) Increase the chronic disease knowledge base of school nurses through structured training to reduce missed school days and emergency management needs among children with asthma and diabetes and F) Develop a strategic plan to address chronic conditions in disabled populations and establish baselines for intervention in future phases of activity.

State Health Objective Status

Met

State Health Objective Outcome

Between 10/2013 and 09/2014, 28 Community Health Centers (CHCs) each with 5 member teams participated in the Indiana Primary Care Learning Collaborative (IPCLC) composed of 3 face-to-face learning sessions, monthly conference calls, and site visits from practice coaches to reinforce process improvement lessons. The % of patients with diabetes with HbA1C>9 decreased from 26.1% to 25.7%; the % of patients with diabetes with lipid profile in the last year increased from 54.6% to 66.4%; the % of patients with diabetes with LDL<100 decreased from 28.4% to 44.4%; the % of patients with diabetes with foot exam in the last year increased from 45.9% to 75.7%; the % of patients with diabetes with Blood Pressure (BP)<140/90 increased from 56.2% to 68.2%; the % of patient with diabetes with self-management goal in last year increased from 18.6% to 46.1%; the % of patients who have been screened for hypertension (HTN) decreased from 93.2% to 92.4%; the % of HTN patients with BP < 140/90 increased from 61.8% to 63.2%, and the % of HTN patients with a self-management goal increased from 22.7% to 37.4%.

Reasons for Success or Barriers/Challenges to Success

The IPCLC has been successful due to the quality improvement mechanisms used. Plan-do-study-act approaches to problems allow teams to break processes into manageable segments for rapid improvement. Peer learning among CHCs has also contributed to successful patient outcomes as successes are discussed at mandatory gatherings that become voluntary after their worth is demonstrated. The Chronic Care Model has proven a successful change agent in this collaborative.

Strategies to Achieve Success or Overcome Barriers/Challenges

During this period 3 contributing staff members were lost and work has been distributed to others who had to re-create strategies for project implementation.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

State dollars were used to support CHC operations. CHC state support was conditioned upon participating in the IPCLC.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Advanced workforce development (ES8)

Between 10/2013 and 09/2014, ISDH CDPCRH will provide a comprehensive series of web-based, in-person trainings and coaching services to address chronic disease prevention, screening and management; medical therapy management; and expanded services by non-provider health professionals to 37 teams from community health centers (30), EMS teams (3), community nursing teams (3) and a pharmacist team (1) who work with community-based health systems to address the chronic disease needs of at-risk patient populations.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, ISDH CDPCRH provided a comprehensive series of web-based, in-person trainings and coaching services to address chronic disease prevention, screening and management; medical therapy management; and expanded services by non-provider health professionals to 28 teams from community health centers (30), EMS teams (3), community nursing teams (3) and a pharmacist team (1) who work with community-based health systems to address the chronic disease needs of at-risk patient populations.

Reasons for Success or Barriers/Challenges to Success

Between 10/2013 and 09/2014, 28 Community Health Centers (CHCs) each with 5 member teams participated in the Indiana Primary Care Learning Collaborative (IPCLC) composed of 3 face-to-face learning sessions, monthly conference calls, and site visits from practice coaches to reinforce process improvement lessons.

We are still in the process of working with an EMS team that has outlined a community paramedicine project to be located in Ft. Wayne, Indiana.

The community nursing team of Parkview Hospital has had continued success with its emergency department diversion program and has expanded the program to other facilities and partnered with a local health department and school corporation both of which refer children and adults with asthma to the Parkview program for follow-up education and home visits.

We have been challenged to work with academic pharmacists who would like to provide medication management services to community health centers (CHC) however, the academic program currently in place does not adequately address educating CHC care team members, therefore a project was not initiated for this aspect this period. We are continuing to work with the pharmacists.

Strategies to Achieve Success or Overcome Barriers/Challenges

We have been delayed implementing programs for the latest round of funding as a result of executive oversight systems and competing priorities in initiating projects through the budgeting process.

We are defining roles of pharmacists and CHC teams in providing medication management. Mapping a process in which all team members agree are most efficient must be done before we can move forward with a project. We are also defining ways to measure medication adherence using clinic level data.

Activity 1:**Community paramedicine protocol and evaluation platform**

Between 10/2013 and 09/2014, CDPCRH will work with community based emergency medical service organizations to create protocols, establish best practices, and develop evaluation processes for community paramedicine activity. Community paramedicine will capitalize on the healthcare capacity of paramedics and EMTs during non-emergent periods to maximize the reach of clinical practices and support self-management behaviors and serve as health coaches and physician extenders for targeted panels of patients to improve blood-sugar management in diabetics, improve compliance in hypertensive individuals, support pre-natal care, mitigate fall risk in seniors, and reduce re-admission for conditions such as CHF and COPD.

Activity Status

Not Completed

Activity Outcome

Outlined a community paramedicine pilot project with Parkview Health (PH) for rural areas.

Rapid Response Capability to Nursing Homes**Home Visits**

- Scheduled visits to patient's homes
- Discharge from hospital inpatient unit
- Cover the gap between discharge and home care
- Cover the gap between discharge and nursing home care
- Specific follow up on discharge instructions
- Medications
- Post-procedure activity/follow up
- Home safety assessment

Frequent ED Visits

- Patients w/chronic disease
- Non-compliance with physician instructions
- Access issues
- Loneliness
- Regular visits "just to check up on you"
- Medication/Other Needs
- Help connect the patient with other community resources
- PH Medication Assistance Program

Falls

- Patients with recent fall
- Follow up in the home after discharge
- Safety check
- Teaching – Fall Prevention
- Assessment for need of community resource

Structure/Process:

- Deploy Two or Three Non-Transport Vehicles (SUV) Geographically For 15 minute response to Rapid Response Calls in 5 county area
- Staff each vehicle with two Paramedics 24/7
- Equip each vehicle with full paramedic level supplies and equipment
- Certify each vehicle with the State
- This would be a function of PH EMS, however it would be considered "outside" the traditional scope of practice for PH paramedics
- Separate protocols would be established
- Approval would be received from the State Emergency Management Agency

Reasons for Success or Barriers/Challenges to Success

Parkview Health currently works directly with nearly 50 long-term care facilities in the five counties within which it has hospitals – 28 in Allen County, 6 in Noble County, 6 in Huntington County, 2 in LaGrange County, and 2 in Whitley County. Four of the five counties are considered rural and some areas within each are considered underserved. Two or three vehicles appropriately placed within this geography would enable a rapid response to any one of these facilities within the 15 minute target that has been established. In addition to the rapid response component of this plan, these units could also make the scheduled house calls/home visits to address the other components of the plan

Vehicles cannot be purchased with grant dollars so we are exploring leasing equipment.

Strategies to Achieve Success or Overcome Barriers/Challenges

We are examining ways to modify the project to enable the pilot to be implemented.

Activity 2:

Medication Therapy Management in Community Pharmacy

Between 10/2013 and 09/2014, As individuals age and their number of conditions increases, the number of providers and prescriptions typically increase as well. Individuals with multiple chronic conditions typically have multiple prescriptions to address their health needs. If an effective medical home with a team-based care approach is not employed, polypharmacy could lead to drug interactions, negative health events, emergency or inpatient hospital care, and even death. This has been proven especially concerning in individuals with mental health needs as well as multiple chronic conditions. CDPCRH will work with local schools of pharmacy to create protocols, establish best practices, develop evaluation processes, and conduct economic analysis for Medication Therapy Management services delivered by community-based pharmacists. Activity will be integrated into the complex care pilot (referenced in IO5-A2) for proof of concept. The resulting toolkit will be offered to all state-funded health clinics as enhanced support for the team-based care component of the chronic care model.

Activity Status

Not Completed

Activity Outcome

Preliminary data were collected from HealthLinc FQHC. Data reflected the high percentage of complex care patients by disease and tobacco use.

Reasons for Success or Barriers/Challenges to Success

We had initiated a complex care learning collaborative pilot with HealthLinc FQHC that has a large (8,000) population with more than 2 chronic diseases. Our intent was to create a medication therapy management (MTM) program to be delivered on site at HealthLinc with the pharmaceutical consulting help from Purdue University School of Pharmacy. However, Purdue has created a statewide consortium that is interested in contracting for MTM with community pharmacists who would deliver patient education at the pharmacy and would not be able to engage FQHC providers educationally beyond what currently exists in the system, i.e. notations in a chart that may or may not be shared.

Strategies to Achieve Success or Overcome Barriers/Challenges

After 6 meetings with Purdue in 2014, the CDPCRH discovered that it could work with a research segment of the school that would be able to create a new approach for MTM in an FQHC setting. This project has yet to be designed.

Impact/Process Objective 2:

Analytic capacity

Between 10/2013 and 09/2014, Indiana State Department of Health, Data Analysis Team (DAT) will provide a web-based training platform to memorialize training content and analytic standards to 12 epidemiologists and data analysts within the Health and Human Services Commission of ISDH.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, Indiana State Department of Health, Data Analysis Team (DAT) provided a web-based training platform to memorialize training content and analytic standards to 25 epidemiologists and data analysts within the Health and Human Services Commission of ISDH.

Reasons for Success or Barriers/Challenges to Success

The training was prepared to be delivered in multiple formats so that audiences could access from a variety of settings and take advantage of different ways to learn.

Strategies to Achieve Success or Overcome Barriers/Challenges

Online training can capture large yet strategic groups of learners. The challenge is to capture pre and post knowledge in a system that can be expensive to purchase and maintain. The state was able to take advantage of a system that had been developed through CDC and offered at a reasonable rate. Our system is called IN Train and it has the capability of offering trainings to the public if appropriate, tracking who uses it and cataloging test scores when appropriate.

Activity 1:

Increase analytic capacity of epidemiologists and data analysts

Between 10/2013 and 09/2014, Conduct a series of training seminars for agency epidemiologists and data analysts on data management, data analysis and data presentation, using SAS, ArcGIS and Excel as software platforms. Additionally, a web-based training platform (IN-Train) will be developed to memorialize training content and codify best-practices for analytic methodology. (HP2020 PHI-7,-8,-13)

Activity Status

Completed

Activity Outcome

Matt Kaag, from the DAT, held two trainings for SAS users. Both trainings were conducted in person and approximately one-hour in length. The first training included basic SAS components for epis and an introduction to macros for increased program efficiency. The training was then adopted to a webinar format with Adobe Presenter and includes 11 modules. The second SAS training focused primarily on Proc Tabulate, a function of SAS. This function is a way to further customize frequency tables that are outputted by SAS. In a similar fashion, Matt will then create a webinar-like training of Proc Tabulate for future reference.

SAS Basics for EPIs

Modules 1 through 11

Version 1.0

Released 6/13/14

Module 1 – Accessing Data and Using PROC Contents to Describe the Data Set

http://www.in.gov/isdh/files/sasweb_june12/sas_module1/player.html

Module 2 – Creating SAS Data Sets from an Existing SAS Data Set and Manipulating the Data

http://www.in.gov/isdh/files/sasweb_june12/sas_module2/player.html

Omission: Slide 3, the data statement should end with a “run”.

Clarification: Comments can either be * ; or /* */. The later is preferable since it will work in macros.

Module 3 – Creating and Manipulating Variables in a SAS Data Set

http://www.in.gov/isdh/files/sasweb_june12/sas_module3/player.html

Clarification: *decage* value of 999 means the age was unknown.

Module 4 – Using SAS Macro Variables for Efficient Programming

http://www.in.gov/isdh/files/sasweb_june12/sas_module4/player.html

Error: Slide 2, *ageunits* for minutes should be 6, not 4.

Module 5 – Extracting Specific Observations from a SAS Data Set.

http://www.in.gov/isdh/files/sasweb_june12/sas_module5/player.html

Module 6 - Using SAS Macro Code for Flexibility in Data Extraction

http://www.in.gov/isdh/files/sasweb_june12/sas_module6/player.html

Module 7 - Using SAS Formats

http://www.in.gov/isdh/files/sasweb_june12/sas_module7/player.html

Omission: Slide 10, variable *count* should have macro for year and be *count&macyear*.

Module 8 – Using PROC Summary to Combine Variables into Subgroups

http://www.in.gov/isdh/files/sasweb_june12/sas_module8/player.html

Error: Slide 5, variable *dth&caux_target&macyear* should be *dth&cauz_target&macyear*

Module 9 – Creating a SAS Macro Program

http://www.in.gov/isdh/files/sasweb_june12/sas_module9/player.html

Module 10 – Combining SAS Data Sets – Set vs. Merge

http://www.in.gov/isdh/files/sasweb_june12/sas_module10/player.html

Module 11 – Exporting a SAS Data Set into Excel and Closing Thoughts

http://www.in.gov/isdh/files/sasweb_june12/sas_module11/player.html

Reasons for Success or Barriers/Challenges to Success

The program was well organized. It was well-attended because the presenter considered his audience in designing the program. He also had tools with which to create a resource that could be re-used by housing it on the ISDH e-learning system, INtrain.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to use resources that can reach more than one audience sector and preserve the work for the future.

Activity 2:

Expanded data analytics

Between 10/2013 and 09/2014, ISDH DAT will expand the agency's analysis of natality, mortality, hospitalization and BRFSS data, and the collection of this data, in order to support internal accountability and quality improvement, to aid in tracking of risk factors and outcomes, to identify health disparities, and to support strategic health improvement plans. (HP2020 PHI-7,-8,-14,-15). The Advisory Committee voted to approve funding to be allocated for BRFSS data collection

Activity Status

Completed

Activity Outcome

ISDH was able to expand its BRFSS data collection to include the following: 4800 completes: 3360 landline and 1440 cell phone and the following modules and question:

- Modules: diabetes, caregiver, sodium or salt-related behavior, shingles, sexual orientation and gender identity, random child selection, childhood asthma prevalence
- State-added questions: 1st oral health question

	Land Line cost	Cell Phone cost	Total Cost
Core	\$145,152	\$70,632	\$215,784
Diabetes	\$746	\$212	\$958
Caregiver	\$5,789	\$2,817	\$8,605
Cognitive decline	\$3,964	\$1,302	\$5,266
Sodium or salt related behavior	\$1,606	\$687	\$2,293
Tdap	\$592	\$307	\$898
HPV vaccination	\$446	\$307	\$753
Shingles	\$146	\$42	\$188
Social context	\$2,990	\$1,481	\$4,472
Sexual orientation and gender identity	\$2,425	\$1,260	\$3,685
Random child selection	\$819	\$687	\$1,507
Childhood asthma prevalence	\$109	\$127	\$236

Asthma recruit	\$264	\$169	\$433
3 SAQs: Oral health (cost per question)	\$820	\$420	\$1,240
2 SAQs: Electronic cigarettes (cost per question)	\$391	\$196	\$587
7 SAQs: Secondhand smoke	\$5,342	\$2,648	\$7,990
2 SAQs: Brown cigarettes	\$2,689	\$1,397	\$4,086
2 SAQs: Immunization (cost per question)	\$542	\$603	\$1,145
Asthma call back survey	\$6,187.5	\$3,835.0	\$10,023
			\$270,148.7

Reasons for Success or Barriers/Challenges to Success

Data collection for Alzheimer's disease was deferred to a later date and collection for some physical and nutrition activity and cardiovascular modules were also deferred due to lack of funding.

Strategies to Achieve Success or Overcome Barriers/Challenges

Health improvement planning will make use of other data where possible.

Impact/Process Objective 3:

Chronic Disease Coalitions (ES4)

Between 10/2013 and 09/2014, The Cardiovascular and Diabetes Coalition of Indiana, Indiana Cancer Consortium, Indiana Healthy Weight Initiative, Indiana Joint Asthma Coalition, and the Task Force on Disability and Health with the oversight of CDPCRH will provide technical assistance (in the form of communication support, community-clinical linkages, data systems, economic analysis, evaluation, geospatial analysis and statistical analysis) to develop and implement strategic health improvement plans based on current disease burden and evidence-based practices to 5 groups of community-level stakeholders capable of influencing prevention, management and palliation associated with chronic diseases including asthma, cancer, cardiovascular disease and diabetes, and obesity, and populations experiencing health inequities.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, The Cardiovascular and Diabetes Coalition of Indiana, Indiana Cancer Consortium, Indiana Healthy Weight Initiative, Indiana Joint Asthma Coalition, and the Task Force on Disability and Health with the oversight of CDPCRH provided technical assistance (in the form of communication support, community-clinical linkages, data systems, economic analysis, evaluation, geospatial analysis and statistical analysis) to develop and implement strategic health improvement plans based on current disease burden and evidence-based practices to 5 groups of community-level stakeholders capable of influencing prevention, management and palliation associated with chronic diseases including asthma, cancer, cardiovascular disease and diabetes, and obesity, and populations experiencing health inequities.

Reasons for Success or Barriers/Challenges to Success

For the period, Coalitions and the Task Force on Disabilities

- Increased awareness of chronic disease prevention and control within and outside the coalition. (per certain evaluations conducted by third parties)
- Increased public knowledge of state and commercial services available to screen, diagnose and treat chronic disease (per certain evaluations conducted by third parties).
- Increased public knowledge of health insurance enrollment (per certain evaluations conducted by third parties) .
- Coalition members' institutions created projects that otherwise would not have been created.
- Acted as local community health improvement partners-provided education, meeting space, personnel.
- Ensured a local community voice in designing plans that include actions to address chronic disease—

created leaders, meetings, documents.

- Increased membership number and diversity including health providers, interested citizens, academic institutions, and local governments/health departments.
- United members in the common goal of preventing/controlling chronic respiratory disease, heart disease, diabetes, cancer and obesity.
- Produced/updated/acted upon plans (<http://www.in.gov/isdh/25733.htm>) which are formalized, shared and are often used to guide implementation of grant objectives, especially those funded with Center of Disease Control and prevention funds.
- Leveraged state dollars by engaging private entities in certain implementation activities for example, the Indiana Cancer Consortium developed a workplace initiative for cancer screening in which three companies participated.
- Created/maintained websites serving the community interested in specific chronic diseases:
- A Task Force of 20 individuals and entities convened by *the Indiana Institute on Disability and Community: Center for Planning and Policy Studies* and representing disabled people has been convened to identify some recommendations about decreasing health disparities among people with disabilities, with a particular emphasis on chronic health conditions of heart disease and stroke, cancer, diabetes, and chronic respiratory diseases (asthma) along with the behavioral risk factors that are associated with them.
- Four ISDH epidemiologists provided 12 hours of education to the Task Force on chronic diseases, including obesity for its use in choosing objectives for programming.
- The Task Force Provided a working draft of statewide health needs assessment of persons with disabilities on topics of 1) chronic disease prevention and control and 2) access to health care services affecting chronic disease prevention and control.
- The Task Force implemented first iteration (soft launch) of a comprehensive online and mail survey that will provide baseline information regarding health status, chronic disease and access to chronic disease-related services and programs, to be completed by adults with disabilities, family members of children and adults with disabilities and professionals/policy makers providing services, supports and advocacy for children and adults with disabilities in Indiana. Launched at 2013 Indiana Governor's Conference for People with Disabilities, Dec., 2013.
- The Task Force developed an assessment of data sources addressing chronic disease and prevention and control (including access to health care services) for persons with disabilities in Indiana.
- The Task Force conducted an assessment of state and local policies and programs addressing chronic disease prevention and control (including access to health care services) for persons with disabilities in Indiana
- The Task Force identified and consolidated annotated contact information for key stakeholder groups that serve, come into contact with, or support children and adults with disabilities in Indiana

Strategies to Achieve Success or Overcome Barriers/Challenges

Coalitions need technical assistance to become independent and self-sustaining and the Disabilities Task Force should continue its inclusive planning and resource development.

Activity 1:

Provide technical assistance to statewide chronic disease stakeholders to improve disease outcomes

Between 10/2013 and 09/2014, CDPCRH will convene and support community-based coalitions to provide technical assistance to 5 community-level stakeholder groups including those for cancer, asthma, obesity, cardiovascular health and diabetes, and disabilities. CDPCRH will work closely with statewide and community-based partners to ensure that strategic plans and activities are informed by scientific research, current surveillance evidence and represent best- or evidence-based practices; maximize the resources available to the coalition for purposes of coordination, communication, and effective work; and address long-term spread and sustainability of effective chronic disease partnerships. CDPCRH will provide technical assistance to the coalition partners in the areas of evidence-based public health programming, organizational policy to address the chronic disease burden in Indiana, and health systems initiatives to improve chronic disease outcomes. Additional technical assistance related to data and

surveillance, evaluation and geospatial analysis will be provided to coalitions.

Activity Status

Completed

Activity Outcome

For the period, Coalitions

- Increased awareness of chronic disease prevention and control within and outside the coalition. (per certain evaluations conducted by third parties)
- Increased public knowledge of state and commercial services available to screen, diagnose and treat chronic disease (per certain evaluations conducted by third parties).
- Increased public knowledge of health insurance enrollment (per certain evaluations conducted by third parties) .
- Coalition members' institutions created projects that otherwise would not have been created.
- Acted as local community health improvement partners-provided education, meeting space, personnel.
- Ensured a local community voice in designing plans that include actions to address chronic disease—created leaders, meetings, documents.
- Increased membership number and diversity including health providers, interested citizens, academic institutions, and local governments/health departments.
- United members in the common goal of preventing/controlling chronic respiratory disease, heart disease, diabetes, cancer and obesity.
- Produced/updated/acted upon plans (<http://www.in.gov/isdh/25733.htm>) which are formalized, shared and are often used to guide implementation of grant objectives, especially those funded with Center of Disease Control and prevention funds.
- Leveraged state dollars by engaging private entities in certain implementation activities for example, the Indiana Cancer Consortium developed a workplace initiative for cancer screening in which three companies participated.
- Created/maintained websites serving the community interested in specific chronic diseases:
 - Cardiovascular/Diabetes Coalition <http://incadi.org/>
 - Indiana Joint Asthma Coalition <http://www.injac.org/>
 - Indiana Cancer Consortium <http://indianacancer.org/>
 - Indiana Healthy Weight Initiative <http://www.inhealthyweight.org/index.htm>

Reasons for Success or Barriers/Challenges to Success

It was challenging to obtain representation from interests throughout the state. The Indiana Public Health Association (IPHA) provided a setting in which all coalition coordinators could collaborate and borrow successful member recruitment strategies. the IPHA director also connected coalition staff with contacts beyond the usual vested interests commonly composing coalition membership.

Strategies to Achieve Success or Overcome Barriers/Challenges

Coalitions need to be self-sustaining. There is little clerical and operational support provided by member agencies and as a result, IPHA is left to bring in grant dollars yearly for sole support. IPHA did hire a consultant in non-profit business development to guide the coalitions in strategies to obtain revenue and increase shared responsibility.

Activity 2:

Evaluation of progress associated with chronic disease strategic plans in asthma, cancer and obes

Between 10/2013 and 09/2014, CDPCRH will provide technical assistance to 5 community partnerships to support their capacity to assess statewide progress associated with their respective disease state strategic plans, including the development of a summary report on current health status for these disease areas or special populations (disabled) impacted by these diseases, a communications platform for the information resulting from the evaluation, and strategies to further progress towards achieving long-term strategic objectives. Specific topics to be addressed include asthma (HP2020 RD-2,-3,-7), cancer (HP2020 C-9,-10,-11,-15,-16,-17,-18), diabetes (HP2020 D-5,-6,-7,-9,-10,-11,-14) and heart disease

(HP2020 HDS-7,-12,-24).

Activity Status

Not Completed

Activity Outcome

The InJac (asthma), Health Weight Initiative, and Cardiovascular Coalitions have completed evaluations.

Reasons for Success or Barriers/Challenges to Success

While individual coalitions have been evaluated, CDPCRH would like to pursue a summary report and is seeking a consultant to accomplish this.

Strategies to Achieve Success or Overcome Barriers/Challenges

Participating in an evaluation requires additional time and work on the part of coalition membership that is volunteer. This coupled with the expense of evaluating using an objective third party consultant has delayed getting a summary evaluation started.

Activity 3:

Strategic Planning

Between 10/2013 and 09/2014, CDPCRH will work with 5 coalitions of statewide community organizations to publish or update strategic health improvement plans associated with asthma (HP2020 RD-2,-3,-7), cancer (HP2020 C-9,-10,-11,-15,-16,-17,-18), diabetes (HP2020 D-5,-6,-7,-9,-10,-11,-14) and heart disease (HP2020 HDS-7,-12,-24), as well as special populations impacted by these conditions (disabilities). Included in this activity will be comprehensive surveillance, communication, and evaluation activity, with special focus on public access dashboards such as Indiana Indicators.

Activity Status

Not Completed

Activity Outcome

The coalitions are in varying stages of completing plans that can be viewed on their websites.

- Cardiovascular/Diabetes Coalition <http://incadi.org/>
- Indiana Joint Asthma Coalition <http://www.injac.org/>
- Indiana Cancer Consortium <http://indianacancer.org/>
- Indiana Healthy Weight Initiative <http://www.inhealthyweight.org/index.htm>

Reasons for Success or Barriers/Challenges to Success

All coalitions except the Cancer Coalition experienced staff turn-over and some planning activities lagged as a result. CDPCRH needs to provide technical assistance to coalition membership regarding its commitment to sharing the work load in the absence of paid staff. In addition, because the state has financially supported planning with this grant it cannot allow lobbying for specific legislation that coalitions may see as the natural outcome of their planning. This creates a disconnect between what coalitions would see as their mission and what they can accomplish within their dependent funding status. Planning is continuing beyond this reporting period while trying to resolve how it can be used.

Strategies to Achieve Success or Overcome Barriers/Challenges

CDPCRH believes the solution to independence and planning that is guided by local, non-governmental health interests lies in resource development, perhaps on a comprehensive scale. The ISDH recently formed a non-profit organization that is legally separate from ISDH and can accept funding on behalf of state health interests. This may be an avenue to pursue for future funding support for the chronic disease coalitions.

Impact/Process Objective 4:

Disability and Chronic Disease (ES1)

Between 10/2013 and 09/2014, ISDH CDPCRH in conjunction with the Task Force on Health and Disability will provide technical assistance, training, to 1 coalition of statewide community partners, to support identification of health disparities, health access and utilization barriers, and strategies for health improvement in Indiana's population of individuals with disabilities, with emphasis on chronic diseases, wellness and prevention, and screening.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, ISDH CDPCRH in conjunction with the Task Force on Health and Disability provided technical assistance, training, to 1 coalition of statewide community partners, to support identification of health disparities, health access and utilization barriers, and strategies for health improvement in Indiana's population of individuals with disabilities, with emphasis on chronic diseases, wellness and prevention, and screening.

Reasons for Success or Barriers/Challenges to Success

The Cardiovascular/Diabetes Epidemiologist presented on chronic diseases to the task force and staff all meetings, enabling the following accomplishments.

- The Task Force developed an assessment of data sources addressing chronic disease and prevention and control (including access to health care services) for persons with disabilities in Indiana.
- The Task Force conducted an assessment of state and local policies and programs addressing chronic disease prevention and control (including access to health care services) for persons with disabilities in Indiana
- The Task Force identified and consolidated annotated contact information for key stakeholder groups that serve, come into contact with, or support children and adults with disabilities in Indiana

Strategies to Achieve Success or Overcome Barriers/Challenges

There were no barriers to overcome in providing technical assistance to the task force.

Activity 1:

Convene community stakeholders addressing physical, emotional and intellectual disabilities

Between 10/2013 and 09/2014, Identify gaps in surveillance systems, barriers to wellness and preventive care, barriers to access and disparities in health outcomes in Indiana's population of individuals with physical, intellectual and emotional disabilities, and develop a report to use as an evidence base for strategic planning (HP2020 AHS-5,-7; DH-4,-8; MHMD-11)

Activity Status

Completed

Activity Outcome

A Task Force of 20 individuals and entities convened by the Indiana Institute on Disability (IID) and Community: Center for Planning and Policy Studies and representing disabled people has been convened to identify some recommendations about decreasing health disparities among people with disabilities, with a particular emphasis on chronic health conditions of heart disease and stroke, cancer, diabetes, and chronic respiratory diseases (asthma) along with the behavioral risk factors that are associated with them.

Reasons for Success or Barriers/Challenges to Success

The IID is well positioned to convene all people and entities that have a stake in decreasing disparities in this population.

Strategies to Achieve Success or Overcome Barriers/Challenges

It was difficult to accommodate some participant needs but assistance was consistent while the individuals' attendance was intermittent. CDPCRH is now paying for services to accommodate other

enabled individuals.

Activity 2:

Update statewide resource database and directory

Between 10/2013 and 09/2014, CDPCRH will create and update a statewide database of resources to support the needs of Indiana's population of individuals with physical, intellectual or emotional disabilities to prevent or manage chronic conditions. Additionally, the resource directory will include linkages to community health center, federally qualified health center and rural health clinic systems throughout the state that have participated in the Indiana Primary Care Learning Collaborative in an effort to identify a medical home optimally prepared for the management of primary health needs of this population (HP2020 AHS-5).

Activity Status

Completed

Activity Outcome

The Task Force implemented first iteration (soft launch) of a comprehensive online and mail survey that will provide baseline information regarding health status, chronic disease and access to chronic disease-related services and programs, to be completed by adults with disabilities, family members of children and adults with disabilities and professionals/policy makers providing services, supports and advocacy for children and adults with disabilities in Indiana. **Launched at 2013 Indiana Governor's Conference for People with Disabilities, Dec., 2013.**

Reasons for Success or Barriers/Challenges to Success

The survey was constructed through those that participated in all the meetings which extended the time to complete the survey but did recognize everyone's contributions.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to be inclusive in producing documentation.

Activity 3:

Health Improvement Plan Development

Between 10/2013 and 09/2014, CDPCRH will work with a statewide community organization to develop a strategic health improvement plan for Indiana's population of individuals with physical, intellectual or emotional disabilities. This plan will be disseminated to health care providers, agency leadership, community-level health advocates and statewide partners, in an effort to improve health and wellness behaviors, prevention, detection and disease management in this population.

Activity Status

Not Completed

Activity Outcome

Phases I and II included literature searches, the creation of an inventory of potential stakeholders around the issue and the development of a list of current programs and policies. Phase III, 2013-2014, has involved the establishment of the Statewide Task Force on Disability and Health, which has been meeting regularly, with support, to study issues around the disparities with the goal of identifying potential action steps which can be taken to reduce those disparities.

Reasons for Success or Barriers/Challenges to Success

An unsurprising but major finding/conclusion from previous phase is that multiple organizations throughout Indiana are engaged in advocacy and providing direct and preventive services to address chronic illness. While many of the organizations are condition-specific, the underlying issues are often held in common and involve addressing a small number of significant risk factors, such as obesity, lack of physical activity, poor nutrition, smoking and risky behaviors. Progress to date has included the

successful participation of many of these organizations in the planning process. A good base has been established.

Yet, many of the major organizations are not reaching people with disabilities very effectively. This is reflected in disparities in health and access.

Strategies to Achieve Success or Overcome Barriers/Challenges

Rather than re-invent the wheel, the best strategy would be to support these organizations to enhance and improve their reach and services to the population of people with disabilities. The following proposal describes a strategy to accomplish this goal in Phase IV, 2014-2015.

Impact/Process Objective 5:

Quality improvement in clinical settings

Between 10/2013 and 09/2014, ISDH CDPCRH will provide technical assistance, practice coaching and collaborative learning to **30** Indiana community health systems addressing the health needs of populations with high burdens of chronic diseases, high proportions of chronic disease risk factors, or health disparities in an effort to improve health behaviors (weight management and tobacco cessation), increase preventive screenings (breast, cervical and colorectal cancers), and improve outcomes (diabetes and hypertension).

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, ISDH CDPCRH provided technical assistance, practice coaching and collaborative learning to **28** Indiana community health systems addressing the health needs of populations with high burdens of chronic diseases, high proportions of chronic disease risk factors, or health disparities in an effort to improve health behaviors (weight management and tobacco cessation), increase preventive screenings (breast, cervical and colorectal cancers), and improve outcomes (diabetes and hypertension).

Reasons for Success or Barriers/Challenges to Success

The Indiana Primary Care Learning Collaborative has success for multiple objectives. Between 10/2013 and 09/2014, 28 Community Health Centers (CHCs) each with 5 member teams participated in the Indiana Primary Care Learning Collaborative composed of 3 face-to-face learning sessions, monthly conference calls, and site visits from practice coaches to reinforce process improvement lessons. The % of patients with diabetes with HbA1C>9 decreased from 26.1% to 25.7%; the % of patients with diabetes with lipid profile in the last year increased from 54.6% to 66.4%; the % of patients with diabetes with LDL<100 decreased from 28.4% to 44.4%; the % of patients with diabetes with foot exam in the last year increased from 45.9% to 75.7%; the % of patients with diabetes with Blood Pressure (BP)<140/90 increased from 56.2% to 68.2%; the % of patient with diabetes with self-management goal in last year increased from 18.6% to 46.1%; the % of patients who have been screened for hypertension (HTN) decreased from 93.2% to 92.4%; the % of HTN patients with BP < 140/90 increased from 61.8% to 63.2%, and the % of HTN patients with a self-management goal increased from 22.7% to 37.4%.

Strategies to Achieve Success or Overcome Barriers/Challenges

The IPCLC has been successful due to the quality improvement mechanisms used. Plan-do-study-act approaches to problems allow teams to break processes into manageable segments for rapid improvement. Peer learning among CHCs has also contributed to successful patient outcomes as successes are discussed at mandatory gatherings that become voluntary after their worth is demonstrated. The Chronic Care Model has proven a successful change agent in this collaborative.

Activity 1:

Community-based health systems change to improve disease prevention, screening, and

management

Between 10/2013 and 09/2014, ISHD CDPCRH will implement a quality improvement initiative within **30** partner health systems to improve population level identification of chronic disease risk factors, screening for chronic conditions, management of chronic conditions and overall health outcomes; facilitate execution of the chronic care model and integration of team-based and coordinated care into the standard of practice for patient panels within the safety-net system of community clinics in Indiana; develop methodologies to use electronic records to assess aggregate outcomes for targeted conditions; provide technical assistance to support these activities, and develop a model framework for expansion of this intervention to other community health systems within the state.

Activity Status

Completed

Activity Outcome

Between 10/2013 and 09/2014, 28 Community Health Centers (CHCs) each with 5 member teams participated in the Indiana Primary Care Learning Collaborative composed of 3 face-to-face learning sessions, monthly conference calls, and site visits from practice coaches to reinforce process improvement lessons. The % of patients with diabetes with HbA1C>9 decreased from 26.1% to 25.7%; the % of patients with diabetes with lipid profile in the last year increased from 54.6% to 66.4%; the % of patients with diabetes with LDL<100 decreased from 28.4% to 44.4%; the % of patients with diabetes with foot exam in the last year increased from 45.9% to 75.7%; the % of patients with diabetes with Blood Pressure (BP)<140/90 increased from 56.2% to 68.2%; the % of patient with diabetes with self-management goal in last year increased from 18.6% to 46.1%; the % of patients who have been screened for hypertension (HTN) decreased from 93.2% to 92.4%; the % of HTN patients with BP < 140/90 increased from 61.8% to 63.2%, and the % of HTN patients with a self-management goal increased from 22.7% to 37.4%.

Reasons for Success or Barriers/Challenges to Success

The IPCLC has been successful due to the quality improvement mechanisms used. Plan-do-study-act approaches to problems allow teams to break processes into manageable segments for rapid improvement. Peer learning among CHCs has also contributed to successful patient outcomes as successes are discussed at mandatory gatherings that become voluntary after their worth is demonstrated. The Chronic Care Model has proven a successful change agent in this collaborative.

Strategies to Achieve Success or Overcome Barriers/Challenges

The CDPCRH will continue to tie its state funding to participation in the IPCLC.

Activity 2:**Complex Care Management**

Between 10/2013 and 09/2014, ISDH CDPCRH will engage in a pilot quality improvement effort with 1 health system to facilitate improving and implementing a complex care management program for individuals with multiple chronic conditions, limited functional status, and/or psychosocial needs, who account for a disproportionate share of health care costs and utilization in Indiana's safety-net primary care clinic system. Activity will included training, technical support to manage electronic record systems, practice coaching, patient navigation support, community clinic linkages and medication therapy management (HP2020 objectives to include C-15,-16,-17,-18; DH-4,-8; MHMD-11,-; NWS-5,-6)

Activity Status

Not Completed

Activity Outcome

The CDPCRH team has been meeting and providing technical assistance to HealthLinc FQHC.

1. HealthLinc performed an analysis of the patients seen by the nurse manager thru Oct 2014. The report suggested that she was seeing patients from a variety of providers and across the two teams.

Although the majority of the patients seen were risk stratified in levels 4 and 5, the range was from 1-6. We have not run the rest of the stratification and I suspect that the results will be similar.

2. The data analyst trained the nurse manager during October 2014 regarding proper documentation and tracking so that reports could be run accurately, thus alleviating the need for manual tracking, once the caseload increases.
3. An alert/flag system was set up so that the nurse care manager is notified when the pilot patients have a provider visit and if the designated medical assistant receives hospital records.
4. The chief medical officer is working with the nurse care managers and other support staff to address their roles and responsibilities. They completed a survey that had interesting results but a consistent message --- the need for training in their role as a nurse care manager and most importantly the processes they are supposed to be using. Job descriptions are evolving and should be represented as a living document.
5. The quality director has been working with Fagen Pharmacy to develop a plan whereby we will be able to use the clinical pharmacist to provide assistance with patient management. This will free up some of the time the nurse care manager spends in patient education.
6. Healthlinc will use the diabetic population as a basis to re-start the the pilot with the following process in place.

1. Comprehensive Medication Review

1. 1 for each patient

2. Lasts approximately 60 minutes

To include (when applicable):

1. Referral to optometrist
2. Addition of statin
3. Addition of ACE/ARB
4. Vaccine recommendation
5. Full drug utilization review
6. Assessment of adherence
7. Blood pressure check
8. Referral to insulin titration program
9. Health Coaching

1. 2 follow-up appointments per patient---Lasts approximately 30 minutes

To include (when applicable)

- Smoking cessation counseling
- Weight management counseling
- Diabetes/nutrition counseling
- Ongoing blood pressure checks (every 2 weeks PRN)
- Assessment of adherence

Reasons for Success or Barriers/Challenges to Success

Role confusion was an issue that has derailed the pilot.

Strategies to Achieve Success or Overcome Barriers/Challenges

CDCRH is working with HealthLinc to re-establish the pilot.

State Program Title: Injury Prevention Program**State Program Strategy:**

Goal: To continue developing an Injury Prevention Program for the State of Indiana that will ultimately lead to a reduction in the number of preventable injuries and deaths.

Health Priorities: The Indiana State Department of Health has continued to develop an organized Injury Prevention Program. The agency hired a new injury epidemiologist to conduct injury surveillance, prepare epidemiologic reports related to injury and serve as a subject matter expert of injury incidence and risk factors. The ISDH will continue to prioritize the efforts needed to more fully develop an Injury Prevention Program for its citizens.

Primary Strategic Partners:**Internal:**

Epidemiology Resource Center
Vital Records
Maternal and Child Health
Office of Women's Health

Trauma Program

External:

Indiana Child Fatality Review Team
Coroner's Association
IU Health - Riley Hospital for children
Indiana Department of Education (IDOE)

Attorney General prescription drug abuse task force

Injury Prevention Advisory Council

IDOE School Safety Advisory Committee
Indiana Criminal Justice Institute
Department of Mental Health and Addiction
Indiana Poison Control
Indiana Hospital Association
Indiana Department of Homeland Security
Indiana Department of Labor
Purdue Extension Project

Midwest Injury Prevention Alliance

Evaluation Methodology: The development of a core Injury Prevention Program that will ultimately lead to acquisition of data, analysis, and development of appropriate activities.

National Health Objective: IVP-8 Trauma Care Access**State Health Objective(s):**

Between 10/2013 and 09/2014, Increase the proportion of the population in Indiana with access to trauma care.

State Health Objective Status

Met

State Health Objective Outcome

In February 2014, 71% of the population was able to access trauma care within 45 minutes.

In June 2014, 73% of the population was able to access trauma care within 45 minutes.

In August 2014, 78% of the population was able to access trauma care within 45 minutes.

Reasons for Success or Barriers/Challenges to Success

Between October 2013 and September 2014, 10 hospitals have submitted their "in the process of American College of Surgeons (ACS) Verification" application to the Indiana Department of Homeland Security and Indiana State Department of Health. This application identifies facilities that have processes in place to properly care for seriously injured patients and commit to becoming an ACS Verified Trauma Center within 2 years of being granted "in the process" status.

A 7% increase in coverage is very exciting for the state, but unfortunately many of the 10 hospitals that are now "in the process" are relatively close to one another and/or existing trauma centers. Additional trauma centers will improve patient care with more available resources.

The ISDH continues to utilize the Indiana State Trauma Care Committee meetings and EMS Commission meetings to communicate the need for trauma coverage in rural parts of Indiana.

Strategies to Achieve Success or Overcome Barriers/Challenges

The ISDH is planning a trauma tour around the state for the summer of 2015 that will reach all 10 public health preparedness districts in the state. This grass roots effort will increase the awareness of the need for more trauma care access in Indiana and will allow networking between ISDH and hospitals that have the potential of becoming a trauma center.

The ISDH also has plans to start working with each of the 10 public health preparedness districts individually to create regional trauma councils. These organized regional groups can work together to identify the best facilities in the region to become a trauma center and communicate new regional protocols.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Block grant dollars have paid for a full time injury prevention epidemiologist and for the director of the division of Trauma and Injury Prevention. These two employees have used their time and equipment to expand the amount of injury data that is being collected in Indiana. Disseminating this data has helped to identify specific areas where there is a need for trauma care coverage. Both staff have expanded capacity by pursuing additional funding for injury prevention programming and data collection. The block grant dollars have also gone to support the Indiana Spinal Cord and Brain Injury Research Fund Board, which grants out \$1.6 million per year in research grants. The division has recently applied and was awarded funds for the the CDC National Violent Death Reporting System to expand efforts in injury and violence prevention.

OBJECTIVES – ANNUAL ACTIVITIES**Impact/Process Objective 1:****Trauma center care access.**

Between 10/2013 and 09/2014, Division of Trauma and Injury Prevention will increase the number of verified trauma centers from 9 to 11.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, Division of Trauma and Injury Prevention increased the number of verified trauma centers from 9 to 11.

Reasons for Success or Barriers/Challenges to Success

Between October 2013 and September 2014, 10 hospitals had submitted an "in the process of ACS

Verification" application to the Indiana Department of Homeland Security and Indiana State Department of Health. This application identifies facilities that have processes in place to properly care for seriously injured patients and have a commitment become an ACS Verified Trauma Center within 2 years of being granted "in the process" status.

Two of the 10 hospitals have become a verified Level III trauma center, which are the first Level III trauma centers in Indiana. These two trauma centers are located in areas which previously lacked adequate trauma center coverage.

Strategies to Achieve Success or Overcome Barriers/Challenges

The division of trauma and injury prevention staff provided resources and tools including data analysis and GIS mapping to help "in the process of ACS Verification" trauma centers accelerate commitment from hospital administration and generate the necessary funding to pursue ACS Verification.

Activity 1:

Provide support to provisional trauma centers.

Between 10/2013 and 09/2014, The division of Trauma and Injury Prevention will provide support and assistance to hospitals working on becoming a verified trauma center in order to increase the number of trauma centers in Indiana. The increase in the number of verified trauma centers will increase trauma care coverage to handle, treat, and care for these severe injury cases. Trauma centers are unique in their capabilities and are not the typical community hospital Emergency Department. This increase will work towards the goal that the right patient is taken to the right hospital at the right time for the purposes of better patient care and outcomes.

Activity Status

Completed

Activity Outcome

Between October 2013 and September 2014, 10 hospitals had submitted an "in the process of ACS Verification" application to the Indiana Department of Homeland Security and Indiana State Department of Health. This application identifies facilities that have processes in place to properly care for seriously injured patients and have a commitment become an ACS Verified Trauma Center within 2 years of being granted "in the process" status.

Two of the 10 hospitals have become a verified Level III trauma center, which are the first Level III trauma centers in Indiana. These two trauma centers are located in areas which previously lacked adequate trauma center coverage.

Reasons for Success or Barriers/Challenges to Success

The division of trauma and injury prevention staff have worked closely with hospitals working towards "in the process of ACS Verification" status and those facilities granted "in the process of ACS Verification" status through in-person meetings with hospital administration, regular conference calls with trauma services staff, and data reports provided by staff that includes hospital-specific data analysis, regional data analysis, and statewide data analysis.

The staff provided resources and tools including data analysis and GIS mapping to help "in the process of ACS Verification" trauma centers accelerate commitment from hospital administration and generate the necessary funding to pursue ACS Verification.

Strategies to Achieve Success or Overcome Barriers/Challenges

Regular communication with hospitals working towards ACS Verification has allowed ISDH staff to easily identify the current state of trauma care access in Indiana and readily share this information with trauma stakeholders throughout the state. Consistent and frequent communication from ISDH results in everyone working towards the same goal: increased trauma care access in Indiana.

National Health Objective: IVP-11 Unintentional Injury Deaths

State Health Objective(s):

Between 10/2013 and 09/2014, Continue the process begun in 2011 of developing a comprehensive injury and violence prevention program at the state health department that provides focus and direction, coordinates and finds common ground among the many prevention partners, and maximizes injury and violence prevention resources; begins the drafting of a 5-year state plan; and seeks additional grant funding.

State Health Objective Status

Met

State Health Objective Outcome

The Division has continued to develop a comprehensive injury and violent prevention program to maximize injury and violence prevention resources. The Division has begun work on a 5-year state plan for injury prevention and trauma.

Reasons for Success or Barriers/Challenges to Success

The full time injury prevention epidemiologist has made it possible for our division to analyze injury data in our state to direct and promote prevention efforts. This staff analyzes injury data to give the division the ability to focus on data driven results and informed decision-making. Part of the state plan will address how to organize and utilize this advisory committee moving forward. The injury epidemiologist and director successfully applied to the National Violent Death Reporting System, which will bring additional grant funding to the division.

Strategies to Achieve Success or Overcome Barriers/Challenges

We have completed several reports, include special emphasis reports and a summary of Injuries In Indiana, and continue to share data with partners for feedback. Our division has taken control of the Indiana Injury Prevention Advisory Council and hosted quarterly meetings in 2014 with injury prevention experts who can advise our division on future goals and objectives.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Block grant dollars have paid for a full time injury prevention epidemiologist and for the director of the division of Trauma and Injury Prevention. These two employees have used their time and equipment to expand the amount of injury data that is being collected in Indiana. Disseminating this data has helped to identify specific areas where there is a need for trauma care coverage.

Both staff have expanded capacity by pursuing additional funding for injury prevention programming and data collection. The block grant dollars have also gone to support the Indiana Spinal Cord and Brain Injury Research Fund Board, which grants out \$1.6 million per year in research grants. The division has recently applied and was awarded funds for the CDC National Violent Death Reporting System to expand efforts in injury and violence prevention.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Injury prevention plan

Between 10/2013 and 09/2014, ISDH and the Injury Prevention Advisory Council will develop 1 5 year injury prevention plan.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, ISDH and the Injury Prevention Advisory Council developed 0 5 year injury prevention plan.

Reasons for Success or Barriers/Challenges to Success

This injury prevention plan is in the works. Data were used to inform the outline of the plan. The plan is not complete yet, but injury prevention experts from a subcommittee of the Indiana Injury Advisory Council weighed in for topic areas to include in the plan.

Strategies to Achieve Success or Overcome Barriers/Challenges

Assessing the available data and evaluating our state's current injury prevention infrastructure was our first strategy to developing a plan. Next, experts were consulted to form the basis of the plan. The outline of the plan has been finished, and we will begin writing the plan. We have two staff who will give us the ability to focus more time and attention on writing the plan.

Activity 1:

Injury Surveillance Data communication

Between 10/2013 and 09/2014,

1. The State will conduct injury surveillance by--

- Expanding its data collection and analysis for motor vehicle injuries
- Analyzing home care data for falls in collaboration with other State agencies
- Analyze poisoning data in collaboration with the Indiana Poison Center

The injury surveillance will yield data which we will use to—

1. Drive much of the 5-year Injury Prevention Plan
2. Communicate with injury prevention professionals and the general public through the development and publication of fact sheets regarding specific types of injuries, and be reported on the Trauma and Injury Prevention website of the ISDH
3. Publish epidemiologic reports related to injury such as:
 - A tri-annual report on injuries in Indiana
 - An annual Fireworks Injuries report
 - Trauma and EMS data accuracy report

Activity Status

Completed

Activity Outcome

We have expanded our data collection to include not only motor vehicles but all EMS data, trauma data and rehabilitation data. We have found and utilized other valuable data to compile various reports that we share with injury prevention partners and public. We completed monthly and quarterly trauma reports, an annual Fireworks report, a tri-annual report on Injuries in Indiana, published several epidemiological reports related to injury, and communicated with injury prevention experts to drive the development of the injury prevention plan.

Reasons for Success or Barriers/Challenges to Success

Full time staff dedicated to analyzing and interpreting meaningful data has allowed the Division to complete reports and disseminate injury data for the purposes of informing prevention efforts. This staff analyzes injury data to give the division the ability to focus on data driven results and informed decision-making.

Strategies to Achieve Success or Overcome Barriers/Challenges

Having the funding to be able to collect the type of data that we need is important. The block grant has given us software and man power to be able to achieve our research goals. Without this data, and without the manpower to put in the time that it takes to evaluate data sets, mine new data and analyze it, we would not be able to create the quality reports and share the volume of information that we have been sharing with the public.

Activity 2:**Maintain Partnerships in Support of Injury Prevention**

Between 10/2013 and 09/2014, Maintain partnerships with local community coalitions or organizations to promote safety, injury prevention, or violence prevention to develop injury prevention plan. The Indiana Injury Prevention Advisory Council's goal is to reduce the number and severity of preventable injuries in Indiana through leadership and advocacy. The goal is through improved collection and dissemination of data and coordination of injury prevention and control efforts, the Indiana State Department of Health will reduce injury-related morbidity and mortality in Indiana.

Activity Status

Completed

Activity Outcome

The Division has begun work on a 5-year state plan for injury prevention and trauma. The Division has relied upon partnerships with local community coalitions or organizations to promote injury and violence prevention, including the Indiana Injury Prevention Advisory Council as the main partnership to reduce the number and severity of preventable injuries in Indiana through leadership and advocacy.

Reasons for Success or Barriers/Challenges to Success

The Indiana Injury Prevention Advisory Council (IPAC) is made up of approximately 60 individuals who are dedicated to injury prevention promotion in the state of Indiana. This council meets quarterly and had two subcommittees, one to develop the state injury plan, and the other to plan an injury prevention conference. The injury epidemiologist is currently chairing the council and also participates in other councils and coalitions, including Dr. Jennifer Walthall's Injury Work group, the Indiana Safe Kids Advisory Board / Automotive Safety Program, Indiana State Epidemiology Outcomes Workgroup, the Great Lakes and Mid-Atlantic Regional Network, and the Midwest Injury Prevention Alliance.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Indiana Injury Prevention Advisory Council quarterly meetings include time to network and meet others working in injury prevention across the state to coordinate injury prevention and control efforts. Additionally, the Division began posting injury and violence prevention information on social media through the State Department of Health Facebook and Twitter pages to disseminate data and information to the public.

National Health Objective: IVP-23 Deaths from Falls**State Health Objective(s):**

Between 10/2013 and 09/2014, Prevent an increase in fall-related deaths among adults aged 65 years and older, at 39.6 deaths per 100,000 population age 65 years and older. Fatality rates and hospitalization rates are highest among persons over the age of 75.

State Health Objective Status

Exceeded

State Health Objective Outcome

Indiana 2012: 38.35 deaths per 100,000 population aged 65 years and older were caused by unintentional falls (crude, age-specific rate).

Indiana 2013: 38.14 deaths per 100,000 population aged 65 years and older were caused by unintentional falls (crude, age-specific rate).

Reasons for Success or Barriers/Challenges to Success

The Indiana Injury Prevention Advisory Council and the Indiana Fall Prevention Coalition have been instrumental in identifying and communicating the most impactful fall prevention programs for Indiana, which directed the research of the two staff towards these specific falls prevention programs. Working together and providing the man power for research and coordination to these entities via division staff

have led to the decrease in fall-related deaths among adults aged 65 years and older.

Strategies to Achieve Success or Overcome Barriers/Challenges

The state plan features evidence-based falls prevention programs from the Indiana Injury Advisory Council's instruction. Implementing effective, evidence-based falls prevention programs in the future will assist with this health objective.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Block grant dollars have paid for a full time injury prevention epidemiologist and for the director of the division of Trauma and Injury Prevention. These two employees have used their time and equipment to expand the amount of injury data that is being collected in Indiana. Disseminating this data has helped to identify specific areas where there is a need for falls prevention programming. The Injury prevention epidemiologist has chaired the Indiana Injury Prevention Advisory Council, and has outlined falls prevention among older adults as a priority area for the Council. She has aligned speakers for future Indiana Injury Prevention Advisory Council meetings to discuss effective falls prevention programs, and plans to feature a session at the spring, 2015 conference on falls prevention programming. Injury prevention coordinators and organizations delivering these programs were also supported through the Division's participation in the Indiana Fall Prevention Coalition. The state plan features evidence-based falls prevention programs from the Indiana Injury Advisory Council's instruction.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Investigate Evidence-Based Programs to Reduce Elderly Falls

Between 10/2013 and 09/2014, Injury Prevention Epidemiologist, Jessica Skiba Director, Division of Trauma and Injury Prevention, Katie Gatz will investigate 4 evidence-based programs.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, Injury Prevention Epidemiologist, Jessica Skiba Director, Division of Trauma and Injury Prevention, Katie Gatz investigated 5 evidence-based programs.

Reasons for Success or Barriers/Challenges to Success

The injury prevention epidemiologist and Division director were successful in researching more than 4 evidence-based programs, including STEADI toolkit for physicians, exercised based programs including Tai Chi, Stepping on Fall Prevention, and Otago, and home modification interventions through the Fall HIT Program.

The Indiana Injury Prevention Advisory Council and the Indiana Fall Prevention Coalition have been instrumental in identifying and communicating the most impactful fall prevention programs for Indiana, which directed the research of the two staff towards these specific falls prevention programs. These organizations are the avenue for the Division to support injury prevention coordinators and organizations delivering fall prevention programs, as several are already implementing Stepping on Falls or the STEADI toolkit. The Indiana Fall Prevention Coalition is working towards a STEADI toolkit packet for physicians that can be readily accessible to physicians in Indiana.

Strategies to Achieve Success or Overcome Barriers/Challenges

By identifying several different falls prevention programs, the Division has outlined future steps to take to implement effective falls prevention programs to prevent older adult falls.

Activity 1:

Research Evidence-Based Programs

Between 10/2013 and 09/2014, The division of trauma and injury prevention will research evidence-based programs to identify the most impactful fall prevention programs to bring to Indiana and establish ways to support Injury Prevention coordinators and organizations in delivering these programs around the state.

Activity Status

Completed

Activity Outcome

Through the Indiana Falls Prevention Coalition and the Indiana Injury Prevention Advisory Council, the Division has been able to research and share information on effective evidence-based falls prevention programs. The state injury plan will also feature statewide direction and focus for older adult falls prevention as instructed by the Indiana Injury Prevention Advisory Council. The injury prevention epidemiologist applied to speak at the August 2014 Indiana Emergency Response Conference on the Public Health Perspective of Fall Prevention, in which she relayed data and information on falls and shared evidence-based prevention and best practices to prevent falls in various settings. Specific to older adults, she shared information on exercised based programs including Tai Chi, Stepping on Fall Prevention, and Otago, the STEADI tool-kit screening by physicians, and home modification interventions through the Fall HIT Program.

Reasons for Success or Barriers/Challenges to Success

The Indiana Injury Prevention Advisory Council and the Indiana Fall Prevention Coalition have been instrumental in identifying and communicating the most impactful fall prevention programs for Indiana, and these organizations are the avenue for the Division to support injury prevention coordinators and organizations delivering fall prevention programs.

Strategies to Achieve Success or Overcome Barriers/Challenges

The injury prevention epidemiologist has aligned speakers for future Indiana Injury Prevention Advisory Council meetings to discuss effective falls prevention programs, and plans to feature a session at the spring, 2015 conference on falls prevention programming. Injury prevention coordinators and organizations delivering these programs were also supported through the Division's participation in the Indiana Fall Prevention Coalition. The state plan features evidence-based falls prevention programs from the Indiana Injury Advisory Council's instruction.

State Program Title: Public Health Performance Infrastructure

State Program Strategy:

Goal: To improve the overall quality and capabilities of Indiana's public health system. There will be a specific focus on the quality improvement, performance management, workforce development, and other data and system infrastructure activities to support the work for public health and public health accreditation

Health Priorities: To improve the health of Indiana, the public health infrastructure is a critical component. Improved technology for electronic reporting systems for food safety and TB; a learning management system to improve the education and flow of information to public health professions; electronic display of public health data in Indiana; and the goal of improving health outcomes through quality improvement are the foundations of public health in the 21st Century.

Strategic partners: Indiana University, Purdue University, local health departments, NGOs, and other state universities

Evaluation Methodology: Public Health Accreditation Standards and Measures Documentation

National Health Objective: FS-6 Safe Food Preparation Practices in Food Service and Retail Establishments

State Health Objective(s):

Between 10/2013 and 09/2014, Continue the development of CodePal, a software application that captures food inspection data electronically. The application allows users to document any violations or deficiencies found during an inspection. Staff can print violation reports onsite or email them to the food establishment. This reduces the reliance of paper for inspections. Data, such as food establishment demographics, violation, complaint, recall and outbreak investigation, can be used on a broader state wide level to better understand the problems and direct resources toward those issues once they become known through this data collection system.

State Health Objective Status

Not Met

State Health Objective Outcome

The Food Protection program is in the process of this objective. This program area was given block grant dollars for year 2 of this budget cycle.

Reasons for Success or Barriers/Challenges to Success

Funding for a Senior Level application System Analyst/Developer under this block grant is for October 1, 2014 to September 30, 2015.

Strategies to Achieve Success or Overcome Barriers/Challenges

A contractor has been procured and is in place to complete the objectives and activities listed under the section Food Preparation Practices in Food Service and Retail Establishments of this block grant.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

Does not apply for this project.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

CodePal

Between 10/2013 and 09/2014, ISDH will increase the number of local health departments utilizing CodePal from 7 to 27.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, ISDH increased the number of local health departments utilizing CodePal from 7 to 16.

Reasons for Success or Barriers/Challenges to Success

Although the program has commitment from 27 local health departments, further increasing the number of local health departments utilizing CodePal was affected by necessary technology updates.

Strategies to Achieve Success or Overcome Barriers/Challenges

Databases were upgraded, and the program is moving away from the reliance on virtual private network (VPN). CodePal will now use a web-based connection, providing connection advantages at no cost.

Activity 1:

Develop the CodePal System for each local health department

Between 10/2013 and 09/2014, As each local health department enlists to utilize CodePal as their inspection software, appropriate software applications are required to be developed between ISDH and the local health department. Each health department may request database features thus those applications must be established.

The objective of having an long term electronic data collection system in Indiana will allow for more comprehensive and current data than can be effectively used by the state and local food protection programs by having information at the finger tips of those who need it. It can help to identify potential disease causing conditions and/or food establishments that will help the regulators mitigate these situations more expeditiously. Improving the CodePal system reporting capabilities is a requirement for the FDA Manufactured and Retail Program Standards that requires the tracking of critical and chronic violators to identify trending. This is what the program currently lacks is the ability to identify and target these areas so we can better use the scarce resources we do have.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Funding for a Senior Level application System Analyst/Developer under this block grant is for October 1, 2014 to September 30, 2015.

Strategies to Achieve Success or Overcome Barriers/Challenges

A contractor has been procured and is in place to complete the objectives and activities listed under the section Food Preparation Practices in Food Service and Retail Establishments of this block grant.

National Health Objective: IID-30 Curative Therapy for TB

State Health Objective(s):

Between 10/2013 and 09/2014, The goal is to increase the real time information on tuberculosis drugs prescribed, real time information on DOT, missed doses, and held doses through electronic systems.

State Health Objective Status

Not Met

State Health Objective Outcome

This program is currently in the process of this objective. This grantee was scheduled to spend in year 2 of this budget cycle.

Reasons for Success or Barriers/Challenges to Success

Prior to October 1, 2014 the TB program conferred with stakeholders about issues relating to language spoken, TB staff/Case Manager identification and documentation, Directly Observed Therapy Log format, documentation of drugs and changes in drugs and dosages and educational instructions the patient was given concerning drugs, side effects, etc. A prototype of the web pages was recommended as next steps.

Strategies to Achieve Success or Overcome Barriers/Challenges

The TB program has developed a plan that includes a timeline and benchmarks to measure projects success between 10/01/2014-09/30/2015.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

Not applicable at this time.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Real Time Information on TB drug administration

Between 10/2013 and 09/2014, ISDH will increase the number of cases in the State Wide Investigating and Monitoring Surveillance System Medication management Module from 0 to 50.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Prior to October 1, 2014 the TB program conferred with stakeholders about issues relating to language spoken, TB staff/Case Manager identification and documentation, Directly Observed Therapy Log format, documentation of drugs and changes in drugs and dosages and educational instructions the patient was given concerning drugs, side effects, etc. A prototype of the web pages was recommended as next steps.

Strategies to Achieve Success or Overcome Barriers/Challenges

The TB program has developed a plan that includes a timeline and benchmarks to measure projects success between 10/01/2014-09/30/2015.

Activity 1:

Implement the Medication Module

Between 10/2013 and 09/2014, Development of the module creates the programming for drugs, dosage, frequency, start and stop dates; directly observed therapy log with date , drugs, how administered, site and initials of staff; temporary notes for LHD staff to use as "electronic sticky note".

Activity Status

Not Completed

Activity Outcome

This program is currently in the process of this objective. This grantee was scheduled to spend in year 2 of this budget cycle.

Reasons for Success or Barriers/Challenges to Success

Prior to October 1, 2014 the TB program conferred with stakeholders about issues relating to language spoken, TB staff/Case Manager identification and documentation, Directly Observed Therapy Log format, documentation of drugs and changes in drugs and dosages and educational instructions the patient was given concerning drugs, side effects, etc. A prototype of the web pages was recommended as next steps.

Strategies to Achieve Success or Overcome Barriers/Challenges

The TB program has developed a plan that includes a timeline and benchmarks to measure projects success between 10/01/2014-09/30/2015.

National Health Objective: IVP-4 Child Fatality Review of Child Deaths Due to External Causes**State Health Objective(s):**

Between 10/2013 and 09/2014, Develop and provide educational opportunities for investigators of infant and child deaths and members of the local child fatality review teams.

State Health Objective Status

Not Met

State Health Objective Outcome

Providing educational opportunities for investigators of infant deaths, and members of the local child fatality review teams, will help ensure the accurate identification and uniform, consistent reporting of cause and manner of death of every child, and build the capacity of the local teams to conduct complete, comprehensive reviews. These educational opportunities will also help improve and standardize the data collected at child death scenes. Improving these investigations and reporting practices in Indiana will also improve the state and national reporting of SIDS and SUID. This will help monitor statewide trends and risk factors, and implement and evaluate outcome-based prevention strategies.

Reasons for Success or Barriers/Challenges to Success

The educational opportunities for infant death scene investigators and members of the local child fatality review teams are still in the planning process and are scheduled to begin late spring 2015.

Strategies to Achieve Success or Overcome Barriers/Challenges

The state fatality review team members have changed significantly between 10/01/2013 and 09/30/2014. The Child Fatality Review Program Coordinator (CFRPC) has also spent the majority of her time coordinating the development of the local child fatality review teams (90+ teams). Through coordinating the development, the CFRPC has generated interest and involvement of local team members and has established connections that will be utilized for future trainings and educational opportunities. CFRPC is waiting to offer trainings until the majority of local child fatality review teams have been established and/or reestablished ensures that the right people are in place to attend the SUIDI trainings and benefit from all education offered by the CFRPC.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

Not Applicable at this time.

OBJECTIVES – ANNUAL ACTIVITIES**Impact/Process Objective 1:****Educational resources and trainings**

Between 10/2013 and 09/2014, ISDH will conduct 4 trainings.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

The Child Fatality Review Program Coordinator (CFRPC) has spent the majority of her time between 10/01/2013 and 09/30/2014 coordinating the development of the local child fatality review teams (90+ teams). Waiting to offer trainings until the majority of local child fatality review teams have been established and/or reestablished ensures that the right people are in place to attend the SUIDI trainings and benefit from all education offered by the CFRPC.

The state also has a limited number of forensic pathologists, a critical component of the SUIDI trainings, which has delayed the start of the trainings.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Child Fatality Review Program Coordinator (CFRPC) is spending all of her time focusing on starting the trainings as early as spring 2015. The CFRPC is looking to hire a consultant to assist in planning training.

Activity 1:**Regional Trainings**

Between 10/2013 and 09/2014, SUIDI trainings in Indiana will improve and standardize the data and information collected at the infant death scene. This will help ensure the accurate identification and uniform, consistent reporting of cause and manner of death in SIDS and SUID, monitor statewide trends and risk factors, and implement and evaluate outcome-based prevention strategies. Improving these investigation and reporting practices in Indiana will also improve the state and national reporting of SIDS and SUID.

Provide regionally-based trainings to the investigative teams who respond to the scene of infant and child deaths. The teams might be comprised of child welfare workers, law enforcement representatives, county coroners, county prosecuting attorneys, emergency medical services representatives, pathologists, etc. Provide continuing education units to professional participants as able.

Collect data from participants to determine success of the training and assess gaps in the training that will be addressed in future educational events.

Collect data from local child fatality review teams to determine if there has been an increase in use of the training materials, by the infant and child death scene investigators, in those cases reviewed by the local child fatality review teams.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

The Child Fatality Review Program Coordinator (CFRPC) has spent the majority of her time between 10/01/2013 and 09/30/2014 coordinating the development of the local child fatality review teams, by helping to identify appropriate members, including child welfare workers, law enforcement representatives, county coroners, county prosecuting attorneys, emergency medical services representatives, and pathologists. CFRPC is waiting to offer trainings until the majority of local child fatality review teams have been established and/or reestablished ensures that the right people are in place to attend the SUIDI trainings and benefit from all education offered by the CFRPC. The state also has a limited number of forensic pathologists, a critical component of the SUIDI trainings, which has delayed the start of the trainings.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Child Fatality Review Program Coordinator (CFRPC) is spending all of her time focusing on starting the trainings as early as spring 2015. The CFRPC is looking to hire a consultant to assist in planning training.

The CFRPC is investigating avenues in which she can provide continuing education units to professional participants. She is also examining various ways in which she can monitor and evaluate the future trainings to access the gaps in the training to be addressed in other educational events.

Activity 2:**State Training**

Between 10/2013 and 09/2014, Providing a statewide training for the members of the local child fatality review teams will build the capacity of the local teams to conduct complete, comprehensive reviews, and improve and standardize the data collected and reported by the teams. It will also help ensure the accurate identification and uniform, consistent reporting of cause and manner of death of every child, help improve systems responses to child deaths, identify the risk factors and trends in child deaths, and help implement and evaluate outcome-based prevention strategies.

Provide a statewide training for members of the local child fatality review teams.

Record, publish, and archive the statewide training for reference by local teams and use by future child fatality team members.

Collect data from participants to determine success of the training and assess gaps in the training that will be addressed in future educational events.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

The Child Fatality Review Program Coordinator (CFRPC) has spent the majority of her time between 10/01/2013 and 09/30/2014 coordinating the development of the local child fatality review teams. CFRPC is waiting to offer a statewide training until the majority of local child fatality review teams have been established and/or reestablished ensures that the right people are in place to attend the statewide training to benefit from all education offered by the CFRPC. The CFRPC has been updating the ISDH website for CFR as a repository for information and resources, as well as a place to archive statewide trainings for reference by local teams.

Strategies to Achieve Success or Overcome Barriers/Challenges

Once the local SUIDI trainings have been conducted, the CFRPC will focus on hosting the statewide training event. The CFRPC is looking to hire a consultant to assist in planning training. The CFRPC is investigating avenues in which she can provide continuing education units to professional participants. She is also examining various ways in which she can monitor and evaluate the future trainings to access

the gaps in the training to be addressed in other educational events.

The CFRPC is working with the Division of Trauma and Injury Prevention to promote the National Violent Death Reporting System, which will collect data from death certificates, law enforcement records, and coroner reports for the purposes of prevention through better understanding the circumstances of violent death. Data collected through the child fatality review program will be used to support this project, which is another avenue to prevent child death. The statewide training may include information about this project, which also strives to have accurate identification and data collection.

National Health Objective: PHI-2 Continuing Education of Public Health Personnel

State Health Objective(s):

Between 10/2013 and 09/2014, Increase the workforce development and training opportunities for Public Health workers in Indiana.

State Health Objective Status

Exceeded

State Health Objective Outcome

ISDH provided numerous training opportunities to ISDH staff and local health department staff. The goal was to provide 10 training opportunities and that goal was exceed as the end result was more than double those events.

Reasons for Success or Barriers/Challenges to Success

Due to the overwhelming success of the number of training and education opportunities, ISDH did not experience any barriers.

The reason for success is due to new partnership opportunities with the Indiana University School of Public Health. In addition, leadership of the agency has continued to support the need and desired for continuing education opportunities. Finally the addition of a Workforce Development Coordinator has helped identify trainings for local health department staff and ISDH staff.

Strategies to Achieve Success or Overcome Barriers/Challenges

The strategies to achieve success included use of technology to expand continuing education opportunities; new partnerships in developing webinars; and more regional training opportunities.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The PHHSBG funded a staff person to work on expanding training opportunities for the agency and the local health departments. In addition, ISDH requested and received permission from CMS to fund the purchase the Public Health Foundation's TRAIN learning management system. This system has allowed ISDH to provide more distance education opportunities to outside partners and allow a better tracking system to determine number of people reached through training.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Provide access to educational resources and trainings

Between 10/2013 and 09/2014, ISDH and contractors will conduct 10 trainings/education opportunities for public health workforce.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, ISDH and contractors conducted **15** trainings/education opportunities for public health workforce.

Reasons for Success or Barriers/Challenges to Success

The success for providing educational resources was based on the work toward public health accreditation. Demonstrating a workforce development plan and opportunities for continuing education in public health is a requirement ISDH is striving to achieve. The administration is dedicated in having the most up-to-date workforce possible.

Opportunities offered within ISDH included Quality Improvement 101 (2 trainings), registration for the Indiana Environmental Health Association annual meeting for 39 staff members, IN-TRAIN course provider and 101 training opportunities (5 trainings); and Team Building exercises for a division of 40 staff members.

ISDH not only hosted training opportunities for its own staff but also provided it for local health officers (2 trainings), public health nurses (1 conference) and an introductory meeting for public health nurses and environmentalist for people new to their positions (1 meeting). ISDH also partnered with the Indiana University School of Public Health to offer a 5 part series on agency strategic planning.

Strategies to Achieve Success or Overcome Barriers/Challenges

The primary challenge has been in determining the trainings needed for public health workforce. The Office of Public Health and Performance Management has a very small staff and the Workforce Development Coordinator (funded through PHHS Block Grant) is limited in the amount of time she has for training opportunities. The future opportunities will be expanded as ISDH has become a member of the Public Health Foundation TRAIN network, allowing for partnerships to identify additional training opportunities. Another resource OPHPM has identified is the partnership with the Indiana Centralized HR system (State Personnel Department). SPD has identified additional trainings to address supervisor and managerial issues.

Activity 1:

Health department trainings

Between 10/2013 and 09/2014, Continue conducting an annual conference for Public Health Nurses including providing CNEs.

Continue the New Public Health Nurse Orientation and offer CNEs for participants.

Continue the health officer training program that has 2 live training per year and archive presentations and publish presentations on the Health Officer Training section of the LHD website. Continue to provide CMEs for the live meetings.

Continue to collect data from training participants to determine success of the training and assess gaps in training that will be addressed in future educational events.

Develop new training opportunities for LHDs through the IN-TRAIN learning management system and collect evaluation and assessment data

Indiana Environmental Health Association registration fees for ISDH employees

Domain 8 is focused on workforce development and is a requirement for Public Health Accreditation. ISDH is one of the primary resources for LHDs to receive continuing education and workforce development activities.

Activity Status

Completed

Activity Outcome

The Public Health Nurse Orientation was offered and included CNEs to those who needed/wanted them. Two (2) LHD health officer trainings were offered with CMEs. In addition, ISDH coordinated the public health nurses conference. Finally, a 5 part series on strategic planning was created with the Indiana

University School of Public Health. The sessions were part of a webinar series that was offered live, but also recorded so staff who could not attend live, could watch it on their own.

Reasons for Success or Barriers/Challenges to Success

The primary reason for success is the strength of the training, commitment of staff, and the desire from the Local Health Departments. After each training opportunity, LHD staff are asked what they would like to see in future trainings. The Local Health Department Outreach Division utilizes the feedback to plan for future meetings.

Strategies to Achieve Success or Overcome Barriers/Challenges

Most of the barriers are staff time commitment issues, but those issues have never delayed the implementation of training or course offerings.

National Health Objective: PHI-15 Health Improvement Plans

State Health Objective(s):

Between 10/2013 and 09/2014, Increase the capacity for local health departments and nonprofit hospitals to conduct community health assessments and improvement plans by improving access to county level secondary data to all 92 counties in Indiana through the Indiana Indicators data dashboard website.

State Health Objective Status

Met

State Health Objective Outcome

The partnership with ISDH and the Indiana Hospital Association created a website that allowed for the drill down of state data into county level data so both nonprofit hospitals and local health departments could access data for the required community health (needs) assessments and community health improvement plans. The site was successfully launched and utilized by over 6,000 people.

Reasons for Success or Barriers/Challenges to Success

The success for the website was the collaboration between ISDH, IHA and the vendor IBRC. It was the decision between these parties that the data were best displayed at the county level and not the hospital service area that deemed the most important requirement to meet the needs of all stakeholders in Indiana.

Strategies to Achieve Success or Overcome Barriers/Challenges

The strategy to achieve success was pre-planning. The ISDH and IHA team identified the need for the website, established the purpose of the website, and identified who the end users of the website were. With these factors in place, it was easy to identify the vendor to use and the overall functionality of the final product.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The PHHS Block grant was utilized by providing funding for the staffing of the project manager for the development of the contracts, deliverables, and committee chair. The project manager was already funded by PHHS Block grant prior to this project. The work being done with this work funded by PHHS Block Grant has also leveraged work for the NPHII funding through CDC.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Data Warehouse Development

Between 10/2013 and 09/2014, ISDH, Indiana Hospital Association, Indiana Business Research Center will update 1 data dashboard website.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, ISDH, Indiana Hospital Association, Indiana Business Research Center updated 1 data dashboard website.

Reasons for Success or Barriers/Challenges to Success

The success of this site was due to a partnership with the Indiana Hospital Association and choosing a vendor who had the infrastructure in place to host the dashboard website and was familiar with working with Indiana data and ISDH.

Strategies to Achieve Success or Overcome Barriers/Challenges

The strategies for success included numerous meetings between partners; having a goal and objective of the website prior to the development; continual assessment of the website once it was launched.

Activity 1:

Data Development Research

Between 10/2013 and 09/2014, Develop a data plan for appropriate data to be included on the website

Conduct quarterly meeting with partners

Partner with appropriate agencies to ensure policies and procedures

Update the website with new tools and data layout

Update data

Evaluate the website

Community Health Assessments are required by both nonprofit hospitals to demonstrate community benefit for the IRS requirements under the Patient and Protection Affordable Care Act. Local health departments are required to do a local health assessment for public health accreditation. In addition, both the state department of health and the local health departments are required to have a data profiles report for public health accreditation (Domain 1). This website will assist all interested parties in accomplishing their goals while also reducing staff time at ISDH for individual data requests.

Activity Status

Completed

Activity Outcome

The data website was completed and launched. The partnership with the Indiana Hospital Association determined the indicators that were to be included and the overall structure of the website. In partnership with IHA, the name and host location was selected to be www.IndianaIndicators.org. Based on Google Analytics, through September 30, 2013, there were 10,306 visits, of which 6,502 were unique visitors. Over half (62.8%) were new visitors to the website. Quarterly meetings were held with partners to determine policies and procedures for new features on the website. The data in the process of being updated by ISDH and IHA. We had had some staffing change over and there was a delay in getting the

new data uploaded onto the website late in 2014. The website will be evaluated at our first quarterly meeting in 2015 when all partners can be in attendance.

Reasons for Success or Barriers/Challenges to Success

The success for the website has been strong partnerships with both internal and external partners. The detailed planning prior to the development of the site was crucial. Finding the key partners and stakeholders also allowed for a small committee and team to work on the website. The strength the vendor brought to both ISDH and IHA was invaluable. They provided guidance and research of what is a best website design to display data.

The primary barrier was time commitment. Most of the staff time was in-kind to this project. The volume of data was anticipated, but the time commitment to set up and view of the project was not foreseen.

Strategies to Achieve Success or Overcome Barriers/Challenges

The primary strategy that proved successful was the planning meetings ISDH and IHA had prior to selecting a vendor. The vision of what the website was going to do and not do has allowed for the prevention of scope creep. It was clearly decided this was not going to be a website where anything could be posted to it--the documents and data have to have meaning and purpose to enhance the website. It also needs to be applicable to the entire state. Also, as mentioned before, there has been a change in the committee as far as ISDH members because of staffing changes. This proved to be a challenge as we went into the New Year. The contract was slightly delayed, which then lead to the meeting to decide updates being delayed as well. With the new staff in place 2015 should prove to be a very productive year for this committee in their efforts to update and evaluate the website.

National Health Objective: PHI-16 Public Health Agency Quality Improvement Program

State Health Objective(s):

Between 10/2013 and 09/2014, Enhance the capability of Indiana health departments in the area of agency performance management and quality improvement utilizing Lean Six Sigma

State Health Objective Status

Not Met

State Health Objective Outcome

ISDH provided numerous training opportunities to ISDH staff and local health department staff. ISDH has worked toward an agency wide performance management system that also includes Lean Six Sigma quality improvement methodology. Through the National Public Health Improvement Initiative, ISDH has trained 20 Green Belts in Lean Six Sigma for Public Health and 80 Yellow Belts in Lean Six Sigma for Public Health.

Reasons for Success or Barriers/Challenges to Success

Scheduling of the trainings had to be postponed due to staff changes at ISDH. The Quality Improvement workshops for local health departments are going to be scheduled between April and June of 2015. Several of the training dates have been scheduled and local health departments have been notified that this training opportunity is coming their way in 2015.

Strategies to Achieve Success or Overcome Barriers/Challenges

Now that we have the staff in place to carry out the scheduling and organization of those trainings, previous barriers will no longer be an issue. The strategies set in place to carry out the trainings to local health departments and to ISDH have been approved by executive staff and we are working hard towards the actual implementation of those trainings.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The PHHSBG funded a staff person to work on expanding training opportunities for the agency and the local health departments. In addition, ISDH requested and received permission from CMS to fund the purchase the Public Health Foundation's TRAIN learning management system. This system will allow ISDH to provide more distance education opportunities to outside partners and allow a better tracking system to determine number of people reached through training. Our LMS, IN-TRAIN, will be used to register and track public health professionals out in the field that we have been unable to track in the past. Thus ensuring that we are making an impact on the public health field in Indiana.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

LSS QI Skill Building Training

Between 10/2013 and 09/2014, ISDH, Purdue Healthcare Advisors will implement 10 LSS QI Skill Building Workshops in LHD Preparedness districts.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Due to a staff change over ISDH was not able to schedule and promote the trainings to local health departments during the reporting period of this grant.

Strategies to Achieve Success or Overcome Barriers/Challenges

Staff is now in place at ISDH and the trainings have been scheduled for April through June 2015. All expectations from this objective will be met by the end of June.

Activity 1:

Number of staff reached

Between 10/2013 and 09/2014, Train 180 local health department staff in QI skills. The workshop is a 3 full day workshop that provides training participants the basic foundations of QI based on the Lean Six Sigma methodology.

Quality Improvement is a key foundation for public health accreditation and is required for each domain and is the key component for Domain 9. To achieve accreditation LHDs must demonstrate quality improvement implementation and trained staff.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Due to a staff change over ISDH was not able to schedule and promote the trainings to local health departments during the reporting period of this grant.

Strategies to Achieve Success or Overcome Barriers/Challenges

Staff is now in place at ISDH and the trainings have been scheduled for April through June 2015. All expectations from this objective will be met by the end of June.

Impact/Process Objective 2:

Performance Management Training

Between 10/2013 and 09/2014, ISDH will implement 5 Performance Management Trainings.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Due to a staff change over ISDH was not able to schedule and promote the trainings to local health departments during the reporting period of this grant.

Strategies to Achieve Success or Overcome Barriers/Challenges

Training is developed and ready to be launched on IN-TRAIN as the date for the QI training waves approach. Staff is now in place at ISDH and the trainings have been scheduled for April through June 2015. All expectations from this objective will be met by the end of June.

Activity 1:**LHD Training**

Between 10/2013 and 09/2014, Reach a total of 180 LHD staff members on agency performance management through in-person trainings and also the use of the new learning management system, IN-TRAIN. The performance management system training will support the quality improvement training.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Due to a staff change over ISDH was not able to schedule and promote the trainings to local health departments during the reporting period of this grant.

Strategies to Achieve Success or Overcome Barriers/Challenges

Training is developed and ready to be launched on IN-TRAIN as the date for the QI training waves approach. Staff is now in place at ISDH and the trainings have been scheduled for April through June 2015. All expectations from this objective will be met by the end of June.

Activity 2:**ISDH Training**

Between 10/2013 and 09/2014, Implement trainings at ISDH for Agency Performance Management system, reaching a total of 100 ISDH staff members. Performance management systems are supportive of the agency strategic plan, the agency dashboards, and quality improvement.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Due to a staff change over ISDH was not able to schedule and promote the trainings to local health departments during the reporting period of this grant.

Strategies to Achieve Success or Overcome Barriers/Challenges

Training is developed and ready to be launched on IN-TRAIN as the date for the QI training waves approach. Staff is now in place at ISDH and the trainings have been scheduled for April through June

2015. All expectations from this objective will be met by the end of June.

Activity 3:
Strategic Planning

Between 10/2013 and 09/2014, Provide strategic planning workshops to local health departments interested in public health accreditation. Strategic planning is supportive of developing agency performance management system.

Activity Status
Not Started

Activity Outcome
N/A

Reasons for Success or Barriers/Challenges to Success

Due to a staff change over ISDH was not able to schedule and promote the trainings to local health departments during the reporting period of this grant.

Strategies to Achieve Success or Overcome Barriers/Challenges

Training is developed and ready to be launched on IN-TRAIN as the date for the QI training waves approach. Staff is now in place at ISDH and the trainings have been scheduled for April through June 2015. All expectations from this objective will be met by the end of June.

State Program Title: Sexual Assault Services**State Program Strategy:**

Program Goal: To reduce the prevalence of rape and attempted rape of women age 12 and older.

Program Priorities:

The Indiana Criminal Justice Institute (ICJI) oversees Indiana's Sexual Assault Services programs. Funding awards are competitive and are reviewed by staff, by the members of the Domestic Violence Prevention Treatment Council and the ICJI Board of Trustees. The role of the Victim Services Division is to distribute, monitor and provide technical assistance to selected sub-grantee organizations throughout the state that provide services aimed at increasing and enhancing prevention, intervention, and treatment programs. The ultimate goal is reducing the prevalence of rape or attempted rape. Priorities will be placed on education programs specifically targeting the young adult and youth populations. The purpose of these programs is to link people to services as part of efforts to reduce the rate of sexual violence among young adults and youth.

Grant awards packages with each sub-grantee will include the following deliverables:

- To show an increase in services or coverage to underserved areas.
- To show an increase in focus on the targeted populations.
- To show an increase in the number of youth receiving education on issues of sexual violence.

Primary Strategic Partnership: The Indiana Criminal Justice Institute has fostered collaborative partnerships with 21 external organizations around the state. We also collaborate on a policy and planning level with the ISDH Office of Women's Health in regard to the RPE grant.

Role of PHHSBG Funds: PHHSBG funds will be used to provide direct funding for programs at organizations focus on sexual assault awareness.

Evaluation Methodology:

Evaluations of each project shall be conducted on two levels. The first level of evaluation will be completed internally by the sub-grantee's agency director or through another internal control process of evaluation. The second level is conducted by ICJI with statistical data and other anecdotal information to allow for evaluation of each individual project as well as providing a means for overall evaluation of the SAS funding stream. ICJI will continue to work collaboratively in regards to compliance monitoring for all grant funds awarded.

Monthly reports will be required of each funded project. These reports are broken into the following categories:

- financial information to document accounting of SAS funding.
- statistical information to document sexual assault activities, programming efforts and victims served.
- narrative information to document attainment toward objectives.

Each organization that receives funding will also be required to establish its own mechanism of data collection and internal controls. The ICJI monthly reporting process establishes the guidelines and requires extensive data collection and maintenance information from each subgrantee organization.

National Health Objective: IVP-40 Sexual Violence (Rape Prevention)**State Health Objective(s):**

Between 10/2013 and 09/2014, ICJI will provide services to victims of sexual violence and provide education about prevention to the general public.

State Health Objective Status

Exceeded

State Health Objective Outcome

Goal: reach 10,000 youth and adults through prevention education funded through this grant.

Outcome: Total participants: 48,325

Adult participants: 37,025 (includes college students)

Youth participants: 11,305 (school and youth groups)

Adult presentations: 1,217

Youth presentations: 4,323

Service provider contact with adults reporting sexual assault 2,853

Service provider contact with children reporting sexual assault 513

Service provider contact with men reporting sexual assault 20

Service provider adult and child individual counseling hours 3,065

Service provider adult and child group session hours 1,408

Reasons for Success or Barriers/Challenges to Success

SAS funds continue to be an excellent leveraging tool. Indiana subrecipients of SAS funding who have developed expertise are then able to apply for and receive other funding sources such as STOP, RPE, SASP to continue and expand the work. ICJI as the SAS state administrator collaborates with the Indiana Office of Women's Health on the Rape Prevention Education Initiative and seven of the 2014-15 RPE subrecipients also receive funding from ICJI from either SAS or SASP funds.

Challenges to success include the lack of good statistical data on sexual violence. Indiana is not a UCR reporting state. There is no central repository for consistent data at this point in time.

Indiana's statewide sexual assault coalition, INCASA, closed its doors in May, 2014 due to financial and staffing problems. The coalition has gone into receivership and may or may not come back.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to coordinate with other programs. The Indiana Coalition Against Domestic Violence was selected by the Indiana State Department of Health to administer a significant portion of the CDC's RPE award. ICJI is an active member of the statewide prevention council.

Continue to collaborate with allied funders and continue to work to leverage SAS activities with similar funding streams managed by this agency such as STOP and SASP.

Continue to encourage local subgrantees in rural areas to obtain training, to coordinate with and provide training for local law enforcement, and to collaborate with others on prevention education.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

SAS coordinator worked in collaboration with the CDC Rape Prevention Education Act funds administered by the Indiana State Department of Health and the Indiana Coalition Against Sexual Assault until May, 2014. We are now collaborating with the State Department of Health and their two RPE designees, ICADV and MESA.

SAS coordinator works in a division which also manages STOP, SASP, VOCA and FVPSA. This division is focusing on making the best use of all of these funding streams by awarding grants to subrecipients who leverage the funds themselves. An agency may provide direct service to victims of sexual assault via STOP or VOCA funds, but can then share that expertise by providing relevant prevention training in their community. This is particularly important near college campuses.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Information about prevention

Between 10/2013 and 09/2014, Indiana Criminal Justice Institute will provide Information to **1000** victims of sexual violence.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2013 and 09/2014, Indiana Criminal Justice Institute provided Information to **3366** victims of sexual violence.

Reasons for Success or Barriers/Challenges to Success

Communities, particularly college campuses benefited from prevention outreach and victims received a service (counseling, therapy, crisis intervention).

Subgrantees received more technical assistance in providing prevention education services this year. RPE funded subrecipients received two days of intensive training.

Strategies to Achieve Success or Overcome Barriers/Challenges

Closer communication with the grant manager and on-site technical assistance and monitoring visits resulted in improved services to victims.

Additionally the Indiana Coalition Against Domestic violence provided excellent training sessions for prevention education via their RPE grant and this has benefited recipients of SAS funds as well.

Activity 1:**Extend coordinated, comprehensive sexual violence prevention programs within counties**

Between 10/2013 and 09/2014,

In order to accomplish the objective, centers in rural areas will provide community and school presentations. Crisis Connection, for example, presents Teen Dating and Healthy Relationships, Predatory Drugs, and Love is Respect programs at middle and high schools on a regular basis. They also provide workshops and presentations on a wide variety of topics tailored specifically toward the audience's need. Presentations are available to the following:

Schools (daycare to university)
Civic Organizations
Faith Communities
Employers
Law Enforcement
Prosecutors
Judges
Medical Personnel
First Responders
EMTs
Girl & Boy Scouts
Community Fairs
Health Fairs
Social Service Providers
Child Protective Services
Religion Classes
Athletic Teams
*Prom Planning Committees**
School Clubs

*Note: innovative way to reach an appropriate audience

Several other centers report that they particularly encourage sexual violence prevention efforts in environments that will inform males as well as females; including working with coaches and sports teams.

Activity Status

Completed

Activity Outcome

Reached over 48,000 youth and adults via prevention presentations all around the state.

Reasons for Success or Barriers/Challenges to Success

All SAS subgrantees did some form of outreach and training, but several have extraordinarily knowledgeable and dedicated prevention experts who addressed school groups, sports teams and community groups.

Strategies to Achieve Success or Overcome Barriers/Challenges

Our strategy to expand this success will be to share best practices with other subgrantees.

ICJI's SAS coordinator will also work the other state level partners to increase the percentage of prevention programming throughout the state, including the annual State Victims Assistance Academy which was introduced in June 2013 and completed a successful week in June 2014.

Activity 2:**Improve and enhance response initiatives to victims of sexual assault.**

Between 10/2013 and 09/2014, Indiana's 22 SAS subgrantees are at various levels of ability and experience in providing response initiatives to victims of sexual assault. The goal of this program is to build capacity with the eventual goal of having advocates trained in sexual assault services available on a 24 hour on-call basis with availability to go to the site of need (hospital) and to work with victim through the healing process. Funding will be used to provide:

- • Advocate time and travel for the provision of direct victim services
- • Travel to INCASA's 40 hour Sexual Assault training and to various one day trainings held around the state
- • Involvement on local Sexual Assault Response Teams (SARTS) and collaboration with hospitals in their areas
- • Crisis lines
- • Support groups

Activity Status

Completed

Activity Outcome

SAS funded service providers provided services to 3,366 victims of sexual violence (female adults over the age of 18, children and males)

Services included

Hotline crisis calls - 2,798

Individual counseling hrs 3,065

Group counseling hours 2,675

Reasons for Success or Barriers/Challenges to Success

SAS funds were awarded to 21 subgrantees to promote prevention through educational programs and partnerships and to serve victims of sexual violence. Some subrecipients are DV shelters which also provide dual sexual assault services, and some are non-residential counseling services.

Subrecipients report they have been successful due to clearly outlined expectations and technical assistance from their ICJI SAS coordinator as well as training by the Indiana Coalition Against Sexual Assault.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue with the aforementioned technical assistance and close contact. Continue to send information and training opportunities out via email to SAS subgrantees.